

SERFF Tracking Number: ELAS-128144834 State: Arkansas
Filing Company: MONY Life Insurance Company of America State Tracking Number:
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: Accelerated Death Benefit for Long-Term Care Services
Project Name/Number: Long-Term Care Refresh/R12-10

Filing at a Glance

Company: MONY Life Insurance Company of America

Product Name: Accelerated Death Benefit for Long-Term Care Services SERFF Tr Num: ELAS-128144834 State: Arkansas

Long-Term Care Services

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Approved

State Tr Num:

Sub-TOI: LTC03I.003 Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Donna Lambert

Authors: Audrey Arnold, Samra
Mekbeb, Sabrena Lallmohamed,
Jillian Rios

Disposition Date: 06/11/2012

Date Submitted: 03/07/2012

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Long-Term Care Refresh

Project Number: R12-10

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: We are preparing these filings simultaneoulsy and will submit this filing to our state of domicile, Arizona.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/11/2012

State Status Changed: 06/11/2012

Deemer Date:

Created By: Audrey Arnold

Submitted By: Audrey Arnold

Corresponding Filing Tracking Number:

Filing Description:

MONY Insurance Company of America
1290 Avenue of the Americas
New York, NY 10104
Telephone: (212) 314-3068
Facsimile: (212) 707-7493
leah.tomberlin@axa-equitable.com
Leah Tomberlin

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Vice President

March 7, 2012

VIA SERFF
Mr. Jay Bradford
Insurance Commissioner
Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

RE: MONY Life Insurance Company of America
NAIC #: 0968-78077 FEIN #: 86-0222062
Form R12-10 – Accelerated Death Benefit for Long-Term Care Services Rider
Form AXA-LTC-2012 – Application Questionnaire
Form OLC-LTC (2012) – Outline of Coverage
SERFF Tracking Number: ELAS-128144834

Dear Commissioner Bradford:

We are filing for your approval the above referenced forms. The Accelerated Death Benefit for Long-Term Care Services Rider (R12-10) and Outline of Coverage (OLC-LTC (2012)) do not replace any forms on file with the Department. The application questionnaire (AXA-LTC-2012) replaces form AXA-LTC-2011, approved by your Department on October 26, 2011, SERFF Tracking Number ELAS-127720416, State Tracking Number 50092.

Please note that a concurrent filing of the identical forms referenced above is being submitted for use with products issued by AXA Equitable Life Insurance Company (SERFF Tracking Number ELAS-128144833), therefore we request that one reviewer be assigned all submissions.

The rider will be made available as an optional benefit with our variable universal life policy form 09-100, approved on June 11, 2009, SERFF Tracking Number ELAS-126073641, and will be applied for on the submitted application supplement and used with application form AXA-Life-2011AR (rev. 11/11), approved by your Department on October 26, 2011, SERFF Tracking Number ELAS-127720416, State Tracking Number 50092. Additionally, we will be offering this

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rider with our recently filed universal life policy 12-100, which was submitted to your Department on February 15, 2012. The Outline of Coverage will be provided at time of application for this rider.

Assuming approval, we would also make this rider available as an optional benefit with other individual variable life and universal life insurance policies that we may develop and file for approval with the Department in the future.

The rider will, subject to its terms, provide for an acceleration of the policy death benefit if the insured person receives qualified long-term care services due to chronic illness as defined in the rider.

This policy owner will have a choice of the rider with a nonforfeiture benefit or no nonforfeiture ("regular") benefit. We have bracketed the nonforfeiture benefit language and that language will either be completely in or completely out of the rider, the language itself will not change.

The nonforfeiture benefit will cost more than the regular benefit, but may provide the insured with some long-term care benefit if either the rider's initial benefit or the rider's initial benefit and policy are terminated.

This rider does not have an inflation protection option.

This optional rider provides an acceleration of the policy's death benefit as monthly benefit payments for Chronically Ill insureds to assist with qualified long-term care expenses, in accordance with a plan of care, imparted by a Provider. The monthly benefit payments paid are a percentage of the Maximum Total Benefit at the point the LTC benefit payments begin. The benefit payment is treated as a lien against the policy. The lien does not accrue interest. Once the coverage period provided by the rider expires, the base policy Face Amount/Death Benefit and Long-Term Care Specified Amount will be adjusted by the lien. The rider has no cash value, however, we are offering a non-forfeiture benefit upon rider cancellation, policy lapse or policy surrender.

The benefits under the rider will vary depending on the policy death benefit option chosen. As pertains to the previously approved policies referred to in the second paragraph, the face amount of the base policy (should this rider be selected as an optional benefit with that policy) will be limited to an amount that will result in a maximum monthly rider benefit of no more than \$50,000. The overall maximum benefit that may be paid under the rider for qualified long-term care services (called the Maximum Total Benefit) is equal to the Long Term Care Specified Amount (which is equal to face amount of the base policy, at issue), if death benefit Option A is chosen; if death benefit Option B is chosen the overall maximum benefit that can be paid under the rider for qualified long-term care services is equal to the Long-Term Care Specified Amount plus the Policy Account Value. The initial maximum monthly benefit payable under the rider is determined by the benefit percentage (1%, 2%, or 3% as selected) multiplied by the Long-Term Care Specified Amount.

The Long-Term Care Specified Amount will decrease due to subsequent rider benefit payments or certain other policy

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transactions as explained in the rider.

The issue age range for the rider is 20-75 (except at the 3% benefit percentage level, for which the maximum issue age is 70). The rider is subject to regular underwriting. There will be no guaranteed issue or any form of simplified underwriting. The rider will not be available for issue in any employer-employee situation subject to the Norris decision. The rider is available for selection only at time of policy issue; it may not be added subsequent to that time.

We have enclosed the Outline of Coverage, it will be used with all products on which the Long-Term Care Rider is attached (variable life and universal life).

We enclose actuarial memoranda (one for the rider with the Nonforfeiture Benefit and one for the rider without the Nonforfeiture Benefit) that provide all appropriate information.

We have enclosed policy information pages (Page 3) for each policy on which we plan to attach the rider.

We certify that these forms achieve a Flesch score of 65.56, 58.9, and 69.36, respectively.

We have filed these forms in our domicile state, Arizona, and will inform you, upon request, when approved.

We are submitting advertising material, to be used with the rider form, under separate cover. We will cross-reference this filing in the advertising material filing.

We will submit the filing fee in the amount of \$150.00 through SERFF via EFT.

Please call me at (212) 314-3068 or Jordana Starr at (212) 314-5307 if you have any further questions or need additional information regarding this filing.

Sincerely,

Leah Tomberlin
Vice President
State Narrative:

Company and Contact

Filing Contact Information

Leah Tomberlin, Vice President Leah.Tomberlin@axa-equitable.com
1290 Avenue of The Americas 13th Floor 212-314-3068 [Phone]

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New York, NY 10104 212-314-4820 [FAX]

Filing Company Information

MONY Life Insurance Company of America CoCode: 78077 State of Domicile: Arizona
1290 Avenue of the Americas, 14th Floor Group Code: 968 Company Type: Insurance
Company
New York, NY 10104 Group Name: State ID Number:
(212) 314-2921 ext. [Phone] FEIN Number: 86-0222062

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: \$50.00 per form for three forms
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MONY Life Insurance Company of America	\$150.00	03/07/2012	56927163

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	06/11/2012	06/11/2012
Approved	Donna Lambert	03/07/2012	03/07/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Health - Actuarial Justification	Audrey Arnold	06/08/2012	06/08/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing is Reopened	Note To Filer	Donna Lambert	06/08/2012	06/08/2012
Request to Reopen File	Note To Reviewer	Audrey Arnold	06/07/2012	06/07/2012

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Disposition

Disposition Date: 06/11/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ELAS-128144834 State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	LTC Partnership Certification	Approved	Yes
Supporting Document	Policy Information Pages	Approved	Yes
Supporting Document	Statement of Variability	Approved	Yes
Form	Accelerated Death Benefit for Long-Term Care Services Rider	Approved	Yes
Form	Application Questionnaire	Approved	Yes
Form	Outline of Coverage	Approved	Yes

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Disposition

Disposition Date: 03/07/2012

Implementation Date: 04/09/2012

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	LTC Partnership Certification	Approved	Yes
Supporting Document	Policy Information Pages	Approved	Yes
Supporting Document	Statement of Variability	Approved	Yes
Form	Accelerated Death Benefit for Long-Term Care Services Rider	Approved	Yes
Form	Application Questionnaire	Approved	Yes
Form	Outline of Coverage	Approved	Yes

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Amendment Letter

Submitted Date: 06/08/2012

Comments:

We have attached a revised Actuarial Basis Memorandum (with Nonforfeiture Benefit Option), because the nonforfeiture benefit option language was, inadvertently, omitted from the originally submitted one.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment: Attached are the actuarial basis memoranda that pertains to this submission. The Actuarial Basis Memorandum (with NFF) has been revised.

LTCSR ABM Generic MLOA.pdf

LTCSR ABM wNFF Generic MLOAv2.pdf

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Note To Filer

Created By:

Donna Lambert on 06/08/2012 03:11 PM

Last Edited By:

Donna Lambert

Submitted On:

06/08/2012 03:12 PM

Subject:

Filing is Reopened

Comments:

I have reopened this filing at your request.

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Note To Reviewer

Created By:

Audrey Arnold on 06/07/2012 02:53 PM

Last Edited By:

Audrey Arnold

Submitted On:

06/07/2012 02:53 PM

Subject:

Request to Reopen File

Comments:

We are requesting that the Department reopen this filing so that we can replace the Actuarial Basis Memorandum (with Nonforfeiture Benefit Option) we originally submitted, with a revised one because the nonforfeiture benefit option language was, inadvertently, left out of the original one.

Thank you.

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Form Schedule

Lead Form Number: R12-10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 03/07/2012	R12-10	Policy/Cont	Accelerated Death ract/Fratern Benefit for Long- al Term Care Services Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		65.560	R12-10 Final MLOA.pdf
Approved 03/07/2012	AXA-LTC- 2012	Application/ Enrollment	Application Questionnaire Form	Initial		58.900	AXA-LTC- 2012.pdf
Approved 03/07/2012	OLC-LTC (2012)	Outline of Coverage	Outline of Coverage	Initial		69.360	OLC-LTC (2012) w Appendices A.pdf

Accelerated Death Benefit for Long-Term Care Services Rider

In this rider "we," "our" and "us" mean MONY Life Insurance Company of America. "You" and "your" mean the owner of the policy.

What this Rider Does. As described below in this rider: Upon you meeting certain conditions discussed below, we will pay you an amount each month as an acceleration of all or part of the policy death benefit if the insured person becomes Chronically Ill and receives Qualified Long-Term Care Services in accordance with a Plan of Care. Benefits paid will be a lien against policy values[, unless benefits are being paid under the "Nonforfeiture Benefit" provision,] and will be reduced if there is an outstanding policy loan. While this rider is in force, and once benefits have been paid, certain transactions and provisions of the policy will be restricted. There is a charge for this rider.

Taxation. The benefits paid under this rider are intended to be treated for Federal income tax purposes as accelerated death benefits under the Internal Revenue Code (the "Code") on the life of a Chronically Ill Individual receiving qualified long-term care services within the meaning of section 7702B of the Code. The benefit is intended to qualify for exclusion from income within the limits of those provisions of the Code in effect at the issuance of this rider. Receipt of these benefits may be taxable and may affect your investment in the contract. Charges for this rider will reduce your investment in your contract for income tax purposes. You should consult your tax advisor as to your own situation regarding the taxation of any benefits received. This rider is intended to be a qualified long-term care insurance contract under section 7702B(b) of the Code.

Caution. We issued this rider based on your and the insured person's answers to the questions on the application for this rider. Copies of your application for the policy and this rider are attached to the policy. If your or the insured person's answers are not complete or true, we can deny benefits or rescind this rider, subject to this rider's "Representations and Contestability" provision. The best time to clear up any questions is now, before a claim arises. If, for any reason, any answers are incorrect, contact us at our Administrative Office shown in the policy.

Notice to Owner. This rider may not cover all of the costs of long-term care during the insured person's Period of Coverage. Please carefully review all policy and rider limitations. Receipt of benefits under this rider may adversely affect your eligibility for governmental benefits or public assistance programs, such as Medicaid.

Effective Date of this Rider. This rider is effective on the Register Date of the policy.

Right to Examine this Rider. You may examine this rider, and if for any reason you are not satisfied with it, you may cancel it by returning it with a written request for cancellation to our Administrative Office or to the agent who sold it to you by the 30th day after you receive it. If you do this, we will reverse any charges for this rider, and this rider will be treated as if it had never been issued. You may not add this rider to the policy at any later time.

Cost of this Rider. The monthly charge for this rider is part of the monthly deductions described in the policy. The monthly rate for this rider is based on the insured person's sex, issue age, class of risk and tobacco user status, as well as the benefit percentage you choose. We may revise the rider's rates from time to time. Any change in the rider's rates will be as described in the "Changes in Policy Cost Factors" provision of the policy. However, the rider's rate will never be more than the guaranteed rate shown in the "Policy Information" section of the policy.

The monthly charge for this rider is equal to the current monthly rate per \$1000 for this rider times the net amount at risk for this rider divided by \$1000. The net amount at risk for this rider depends on the policy death benefit option. For death benefit Option A, the net amount at risk for this rider is the lesser of (1) the current Face Amount minus your Policy Account Value (but not less than zero) and (2) the current Long-Term Care Specified Amount. For death benefit Option B, the net amount at risk for this rider is the current Long-Term Care Specified Amount.

The monthly charge for this rider will apply while this rider and policy are in effect, but not beyond the policy anniversary nearest the insured person's 121st birthday. The rider charge will not be deducted while rider benefits are being paid.

[The monthly charge for this rider with the optional Nonforfeiture Benefit is greater than it would be had you not selected it. However, if your coverage is continued as a Nonforfeiture Benefit, no additional rider charges will be due or payable thereafter. Please see the "Nonforfeiture Benefit" provision of this rider for more information.]

Renewability. Unless this rider terminates (see "Rider Termination" provision) it will remain in force as long as the policy remains in force. [Since you have selected the Nonforfeiture Benefit, a limited amount of coverage may be continued, even if the rider without the Nonforfeiture Benefit would otherwise have terminated. Please see the "Nonforfeiture Benefit" provision of this rider for more information.]

Lapse Protection. If the net policy value is insufficient to cover policy monthly deductions while benefits under this rider are being paid, we will not lapse the policy.

Rider Definitions.

Accumulated Benefit Lien Amount. We establish a lien whenever benefits are paid under this rider. The amount of this lien will equal the cumulative amount of rider benefits paid (including any loan repayments) during a Period of Coverage. We will deduct this lien amount from the base policy death benefit if the insured person dies before the end of a Period of Coverage. We will also reduce the Cash Surrender Value as described in the “Effect of Rider Benefits on Policy” provision of this rider.

If the insured person is alive at the end of a Period of Coverage, the Accumulated Benefit Lien Amount is reset to zero after policy values are reduced as explained in the “Effect of Rider Benefits on Policy” provision of this rider.

[No additional lien will be established for any benefits paid under the “Nonforfeiture Benefit” provision of this rider.]

Activities of Daily Living (“ADLs”). Those activities that measure the insured person’s ability for self care. The ADLs used in this rider to determine the level of care the insured person needs are:

1. Bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting in or out of the tub or shower.
2. Continence: the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.
3. Dressing: putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
4. Eating: feeding oneself by getting food into one’s body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
5. Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. Transferring: moving into or out of a bed, chair, or wheelchair.

Acute Condition. The individual is medically unstable and requires frequent monitoring by medical professionals, such as physicians and registered nurses, in order to maintain his or her health status.

Adult Day Care. A community based group program that provides health, social, and related support services in a facility which is licensed or certified by the jurisdiction where it is located as an Adult Day Care Center for impaired adults.

Assisted Living Care. Personal custodial monitoring and assistance with ADLs provided in a residential setting in a state licensed or certified facility.

Assisted Living Facility. A facility that primarily provides ongoing care and related services to inpatients in one location and meets all of the following:

1. provides 24-hour-a-day care and services sufficient to support needs resulting from Cognitive Impairment or inability to perform ADLs;
2. has a trained and ready to respond employee on duty at all times to provide that care;
3. provides 3 meals a day and accommodates special dietary needs;
4. is licensed or accredited to provide such care, if licensing or accreditation is required by the state in which the care is received;
5. has formal arrangements for the services of a physician or nurse to furnish medical care in the case of emergency; and
6. has appropriate methods and procedures for handling and administering drugs and biologics.

Chronically Ill Individual. An individual who has been certified by a Licensed Health Care Practitioner as:

1. being unable to perform (without Substantial Assistance from another person) at least two ADLs for a period of at least 90 days due to a loss of functional capacity; or
2. requiring Substantial Supervision to protect such individual from threats to health and safety due to Cognitive Impairment.

Cognitive Impairment. A severe deficiency in the insured person’s short or long term memory; orientation as to person, place, and time; deductive or abstract reasoning; or judgment as it relates to safety awareness. Included in this definition are nervous or mental disorders of organic origin, including Alzheimer’s Disease and senile dementia, which are determined by clinical diagnosis or tests.

Custodial Care. Personal assistance and care provided while the insured person is confined as an inpatient in any facility licensed by the state. Custodial Care includes assistance with the ADLs. Persons eligible for Custodial Care are those who are unable to care for themselves but who do not require Skilled Nursing Care or Intermediate Care. Custodial Care must be performed under the orders of a Physician.

Elimination Period. A required period of time while this rider[, including any continued coverage under the Nonforfeiture Benefit,] is in force that must elapse before any benefit is available to you under this rider. This rider will have an Elimination Period of 90 days, beginning on the first day of any Qualified Long-Term Care Services that are provided to the insured person. Benefits under this rider will not be paid until the Elimination Period is satisfied, and benefits will not be retroactively paid for the Elimination Period. The Elimination Period can be satisfied by any combination of days of a Long-Term Care Facility stay or any days of Home Health Care. Each day of care or service will be counted towards the Elimination Period, whether or not continuous. The Elimination Period must be satisfied within a consecutive period of 24 months starting with the month in which such services are first provided. The Elimination Period must be satisfied only once while this rider is in effect.

Home Health Care Provider. A licensed home health care agency which provides medical and non-medical services, to ill, disabled or infirm persons in their homes. Such services include homemaker services, assistance with ADLs and respite care services. This also includes an employee of a Hospital acting in the capacity of providing care in a private home.

Hospice Care Facility. A licensed hospice facility which provides palliative and supportive medical and other health services to meet the physical, social, spiritual, and special needs of terminally ill patients and their families in a group residential setting.

Hospital. A place which is licensed to provide care and treatment for sick or injured persons as resident bed patients. It must provide:

1. a registered graduate nurse on duty or on call at all times to supervise 24-hour nursing services;
2. the means for diagnosis, treatment, and surgery; and
3. a doctor present or on call at all times to supervise all care.

Immediate Family. Your or the insured person's spouse, parents, grandparents, siblings, children, stepchildren, grandchildren and their respective spouses. Immediate Family also includes immediate family of your or the insured person's spouse.

Intermediate Care. Medically necessary care provided under the supervision of a registered nurse or a Physician in a Long-Term Care Facility to the insured person who is a resident patient. These services are provided to persons who do not require the degree of care and treatment of Skilled Nursing Care but who, because of their Cognitive Impairment or physical condition, require care and services above the level of Custodial Care. An attending Physician must certify that Intermediate Care in a Long-Term Care Facility is medically needed.

Licensed Health Care Practitioner. A Physician, a registered nurse (R.N.), a licensed social worker, or any other individual who meets the requirements prescribed by the U.S. Secretary of the Treasury. A Licensed Health Care Practitioner does not include you, the insured person, a member of your or the insured person's Immediate Family, anyone who is under suspension from Medicare or Medicaid, or who owns or is employed by the Long-Term Care Facility in which the insured person is confined.

Long-Term Care Facility. A facility, other than the acute care unit of a Hospital, that provides Skilled Nursing Care, Intermediate Care, or Custodial Care, and is licensed by the appropriate state licensing agency. It must also have:

1. a registered graduate nurse on duty at all times to supervise 24-hour nursing service;
2. a doctor to supervise the operation of the facility;
3. a planned program of policies and procedures that were developed with the advice of a professional group of at least one doctor or nurse; and
4. a doctor available to furnish emergency medical care.

A Long-Term Care Facility does not mean:

1. a facility that primarily treats drug addicts or alcoholics;
2. a facility that primarily provides domiciliary, residency, or retirement care; or
3. a facility owned or operated by a member of your or the insured person's Immediate Family.

Long-Term Care Specified Amount. The initial Long-Term Care Specified Amount is equal to the face amount of the base policy at issue times the Acceleration Percentage, and it is shown on Page 3 of the policy. This amount may change due to policy transactions, and will be reduced at the end of a Period of Coverage to reflect benefits paid during that Period of Coverage. See the "Effect of Policy Transactions on Rider Benefits" and "Effect of Rider Benefits on Policy" provisions of this rider for more information.

Maximum Monthly Benefit. The maximum amount we or an affiliated company will pay in a month for Qualified Long-Term Care Services for the insured person. The initial Maximum Monthly Benefit at issue is equal to the Long-Term Care Specified Amount multiplied by the benefit percentage, shown on Page 3 of the policy, that you have selected. Subsequently, the Maximum Monthly Benefit is equal to the Maximum Total Benefit as determined on the first day of the first period of coverage multiplied by the benefit percentage.

When you submit a claim, you may ask that an amount less than the Maximum Monthly Benefit be paid; (but not less than \$500). Receiving a lower Monthly Benefit Payment could increase the length of time benefits may be payable.

[If your coverage is continued as a Nonforfeiture Benefit and benefits have previously been paid under this rider, the Maximum Monthly Benefit will not change. If your coverage is continued as a Nonforfeiture Benefit and benefits have not previously been paid under this rider, the Maximum Monthly Benefit will be equal to the Maximum Total Benefit as determined on the date coverage under the “Nonforfeiture Benefit” provision begins multiplied by the benefit percentage.]

Maximum Total Benefit. For death benefit Option A, the Maximum Total Benefit is equal to the current Long-Term Care Specified Amount. For death benefit Option B, the Maximum Total Benefit is equal to the current Long-Term Care Specified Amount plus the Policy Account value. During any Period of Coverage, the Maximum Total Benefit is determined as of the first day of that Period of Coverage.

[Maximum Total Nonforfeiture Benefit.

If your coverage is continued as a Nonforfeiture Benefit, the Maximum Total Nonforfeiture Benefit will be the greater of:

1. one month’s Maximum Monthly Benefit; and
2. the sum of all charges deducted for the Accelerated Death Benefit for Long-Term Care Services Rider with the Nonforfeiture Benefit. This excludes any such charges that have not been deducted while rider benefits were being paid.

This Maximum Total Nonforfeiture Benefit will be reduced, but not below zero, by all Monthly Benefit Payments made under this rider, including any loan repayments and any benefit payments made under the “Extension of Benefits” and “Nonforfeiture Benefit” provisions.

However, the resulting Maximum Total Nonforfeiture Benefit will not exceed the Maximum Total Benefit of this rider as determined on the date coverage under the “Nonforfeiture Benefit” provision begins. Please see the “Nonforfeiture Benefit” provision of this rider for more information.]

Medicare. The Health Insurance for the Aged Act, Title XVII of the Social Security Amendments of 1965 as then constituted or later amended.

Monthly Benefit Payment. The amount we will pay in a month for Qualified Long-Term Care Services equals the lesser of:

1. the Maximum Monthly Benefit (or lesser amount requested); and
2. the monthly equivalent of 200% of the daily limit allowed by the Health Insurance Portability and Accountability Act. We reserve the right to increase this percentage.

We will pay a proportionate amount of the Monthly Benefit Payment for services rendered for less than a full month, (based on a 30 day month and a 360 day year). Income tax consequences may result if the aggregate payments received from all long-term care coverage on an insured person exceed the exclusion limits for benefits for Qualified Long-Term Care Services under applicable tax law. You should consult with a tax advisor regarding your circumstances.

Nursing Home Care. Nursing care and related services provided on an in-patient basis by a state licensed or certified facility, other than a hospital (except for a hospital or unit licensed or certified to provide nursing services specifically designed as long-term care services).

Period of Coverage. The period of time during which the insured person receives services that are covered under this rider and for which benefits are payable. This starts on the first day covered services are received after the end of the Elimination Period. A Period of Coverage will end on the earliest of the following dates:

1. the date we receive the Notice of Release which must be sent to us when the insured person is no longer receiving Qualified Long-Term Care Services;
2. the date we determine you are no longer eligible to receive benefits under this rider;
3. the date you request that we terminate benefit payments under this rider;
4. the date the Accumulated Benefit Lien Amount equals the Maximum Total Benefit [or, if your coverage is continued as a Nonforfeiture Benefit, the date the Maximum Total Nonforfeiture Benefit has been paid out];
5. the date you surrender the policy[, except to the extent of any Nonforfeiture Benefit you may have];
6. the date we make a payment under the Accelerated Death Benefit Rider for terminal illness[, if it occurs before coverage is continued as a Nonforfeiture Benefit] ; and
7. the date of death of the insured person.

Personal Care or Maintenance Services. Any care aimed at providing needed assistance with any of the disabilities causing the individual to be a Chronically Ill Individual (including the protection to health and safety due to severe Cognitive Impairment).

Physician. A person, as defined in section 1861(r)(1) of the Social Security Act, who is licensed to practice the healing arts and is performing services within the scope of his or her license.

Plan of Care. A written plan for Qualified Long-Term Care Services designed especially for the insured person. This Plan of Care must specify the type, frequency and Providers of all the services the insured person requires; and be in accordance with accepted medical and nursing standards of practice. A Licensed Health Care Practitioner must prescribe a Plan of Care.

A Plan of Care must be updated as the insured person's condition and needs change. We must be provided with a revised Plan of Care each time it is updated. We reserve the right to request periodic updates regarding the Plan of Care and documentation evidencing the Plan of Care is being followed, but not more frequently than once every 30 days. No more than one Plan of Care may be in effect at a time.

Preexisting Condition. A condition for which medical advice or treatment was received by (or recommended to) the insured person from a Provider of health care services within six months before the effective date of this rider.

Provider. Provider includes, but is not limited to, Adult Day Care Center; Assisted Living Facility; Home Health Care Provider; Hospice Care Facility; Long-Term Care Facility and Nursing Home. A Provider also includes an employee of a licensed facility which renders services and who is qualified to provide such services. A Provider does not include a member of the insured person's Immediate Family, whether or not that person is licensed to provide services. A Provider also does not include anyone who is under suspension from Medicare or Medicaid.

Qualified Long-Term Care Services. Necessary diagnostic, preventive, therapeutic, curing, mitigating, and rehabilitative services, and maintenance or personal care services. These services must be required by a Chronically Ill Individual and must be provided in accordance with a Plan of Care prescribed by a U.S. Licensed Health Care Practitioner.

Skilled Nursing Care. Medically necessary care provided or supervised by a registered nurse or a Physician in a Long-Term Care Facility to the insured person who is a resident patient. It must be certified by an attending Physician that Skilled Nursing Care in a Long-Term Care Facility is medically needed on a daily basis.

Substantial Assistance. The physical hands-on assistance of another person without which the insured person is unable to perform an ADL; or the presence of another person within arm's reach that is needed to prevent, by physical intervention, injury to the insured person while he or she is performing an ADL.

Substantial Supervision. Continual supervision (which may include cuing by verbal prompting, gestures, or other actions) by another person that is necessary to protect a severely cognitively impaired individual from threats to his or her health or safety (such as may result from wandering).

Rider Benefits and Conditions

Eligibility for the Payment of Benefits. We must receive the following before any benefits are payable:

1. A written certification from a U.S. Licensed Health Care Practitioner that the insured person is a Chronically Ill Individual and is receiving Qualified Long-Term Care Services in accordance with a Plan of Care;
2. Written notice of claim and proof of loss in a form satisfactory to us; and
3. Proof that the Elimination Period has been satisfied (the Elimination Period must be satisfied only once while this rider is in effect).

Preexisting Conditions Limitation. No benefits will be provided under this rider during the first six months from the later of the register date of the policy and the effective date of the restored policy for long-term care services received by the insured person due to a Preexisting Condition. Days of service received by the insured person for a Preexisting Condition during the first six months that this rider is in force will not count toward meeting the Elimination Period.

When Rider Benefits Begin. We will begin Monthly Benefit Payments under this rider when: (a) the Eligibility for the Payment of Benefits Conditions are met; and (b) a claim for benefits has been approved by us.

Continuation of Rider Benefits. For Monthly Benefit Payments to continue under this rider, a U.S. Licensed Health Care Practitioner must recertify, every twelve months from the date of the initial or subsequent certification, that the insured person is still a Chronically Ill Individual receiving Qualified Long-Term Care Services in accordance with a Plan of Care. Otherwise, benefit payments will terminate at the end of the twelve month period or, if earlier, as specified in the "Period of Coverage" provision of this rider.

Notice of Release. You must submit immediate notice to us at our Administrative Office when the insured person's confinement in a Long-Term Care Facility or Home Health Care is no longer required.

Physical Examinations. We, at our own expense, may have the insured person examined as often as we may reasonably require during a Period of Coverage.

Effect of Rider on Policy. While this rider is in force [before coverage is continued as a Nonforfeiture Benefit], policy face amount increases and death benefit option changes from Option A to Option B are not permitted.

Effect of Policy Transactions on Rider Benefits. The following policy transactions [before coverage is continued as a Nonforfeiture Benefit] will affect rider benefits as follows:

1. Any request for a decrease in the policy face amount will reduce the current Long-Term Care Specified Amount to an amount equal to the lesser of (a) the new policy face amount times the Acceleration Percentage shown on Page 3 of the policy or (b) the current Long-Term Care Specified Amount immediately prior to the face amount decrease. For death benefit Option A, any partial Net Cash Surrender Value withdrawal will reduce the current Long-Term Care Specified Amount by the amount of the withdrawal, but not to less than the Policy Account Value minus the withdrawal amount. For death benefit Option B, the current Long-Term Care Specified Amount will not be reduced.

A reduction resulting from one of the above transactions will take effect on the date that the transaction takes effect.

2. We will terminate this rider as of the date you request payment of an accelerated death benefit due to the insured person's terminal illness, as provided under any Accelerated Death Benefit Rider attached to the policy. We will terminate this rider as of the date of such request whether or not Monthly Benefit Payments are being made as of that date.

Effect of Rider Benefits on Policy.

[The following statements describe the effect of rider benefits on the policy before coverage is continued as a Nonforfeiture Benefit.]

(A). During a Period of Coverage:

1. Partial Net Cash Surrender Value withdrawals, face amount decreases and premium payments are not permitted.
2. The base policy death benefit will not be less than the Maximum Total Benefit.
3. Each Monthly Benefit Payment will increase the Accumulated Benefit Lien Amount by the amount of the payment (including any loan repayment). The Accumulated Benefit Lien Amount will be deducted from the base policy death benefit in determining the insurance benefit we will pay.
4. For purposes of determining the Cash Surrender Value, the base policy face amount and unloaned Policy Account Value will each be reduced by a percentage. Such percentage will be equal to the Accumulated Benefit Lien Amount divided by (1) for death benefit Option A, the base policy face amount; (2) for death benefit Option B, the base policy face amount plus the unloaned Policy Account Value. However, such percentage will not be more than 100%, and the unloaned Policy Account Value will not be reduced by more than the Accumulated Benefit Lien Amount.

Any applicable base policy surrender charge will be reduced on a pro-rata basis corresponding to the reduction in the base policy face amount. However, no pro-rata surrender charges for such reductions will be imposed.

5. If there is an outstanding policy loan and accrued loan interest at the time that we pay benefits under this rider, an amount equal to a percentage of the loan and accrued loan interest will be deducted from the Monthly Benefit Payment and used as a loan repayment and will reduce the amount otherwise payable to you. This percentage will equal the Monthly Benefit Payment divided by the portion of the Maximum Total Benefit that we have not accelerated prior to this date.
6. Loan Extension and Paid Up Death Benefit Guarantee endorsements of the policy will no longer apply once benefits are paid under this rider.

If this is a variable life policy, transfers between any of your unloaned value in our Guaranteed Interest Account (GIA) and your values in the investment funds of our Separate Account (SA) may continue to be made in accordance with the "Transfers" provision of the policy. However, we reserve the right to restrict your investment options in the funds of our SA while a Period of Coverage continues. If we do this, we will give you advance written notice.

(B). After a Period of Coverage ends:

1. The base policy face amount and unloaned Policy Account Value will each be reduced by a percentage. Such percentage will be equal to the Accumulated Benefit Lien Amount divided by (1) for death benefit Option A, the base policy face amount; (2) for death benefit Option B, the base policy face amount plus the unloaned Policy Account Value. However, such percentage will not be more than 100%, and the unloaned Policy Account Value will not be reduced by more than the Accumulated Benefit Lien Amount.

Any applicable base policy surrender charge will be reduced on a pro-rata basis corresponding to the reduction in the base policy face amount. However, no pro-rata surrender charges for such reductions will be imposed.

2. The Long-Term Care Specified Amount will be reduced by a percentage equal to the Accumulated Benefit Lien Amount divided by the Maximum Total Benefit. However, if, based on this calculation, the Long-Term Care Specified Amount would be higher than the base policy face amount, the Long-Term Care Specified Amount will be further reduced to the base policy face amount.
3. For any subsequent Period of Coverage, the Maximum Monthly Benefit will be equal to the Maximum Monthly Benefit during the initial Period of Coverage.
4. Any premium fund value that we use to determine whether a guarantee against policy lapse or a guarantee of death benefit protection is in effect will also be reduced pro rata to the reduction in the base policy face amount.
5. Any remaining balance for an outstanding loan and accrued loan interest will not be reduced.
6. The Accumulated Benefit Lien Amount is reset to zero.

If this is a variable life policy, the reduction in your Policy Account Value will reduce your unloaned value in our GIA and your values in the investment funds of our SA in accordance with your monthly deduction allocation percentages then in effect. If we cannot make the reduction in this way, we will make the reduction based on the proportion that your unloaned values in our GIA and your values in the investment funds of our SA bear to the total unloaned value in your Policy Account.

If this is a universal life policy with index-linked interest options, the reduction will be made in accordance with the "Monthly Deductions Allocations" provision of the policy.

If this is not a variable life policy or a universal life policy with index-linked interest options, the reduction will be taken from the unloaned value in your Policy Account.

After the Period of Coverage has ended, we will provide you with notice of the adjusted values. If the reduction in the Policy Account Value would exceed the unloaned portion of the Policy Account, this policy will terminate subject to the "Grace Period" provision of the policy.

(C). If the entire Maximum Total Benefit has been paid out, the Period of Coverage will end, policy values will be adjusted as described in (B) above, and this rider will terminate.

(D). If the net policy value is insufficient to cover policy monthly deductions, the policy will terminate subject to the "Grace Period" provision of the base policy.

Extension of Benefits. If the policy lapses, terminating this rider while the insured person is confined in a Long-Term Care Facility but before any rider benefits have been paid for the current Period of Coverage, benefits for that confinement may be payable if the confinement began while this rider was in force and continues without interruption after rider termination. Benefits may continue until the earliest of the following dates: (a) the date the insured person is discharged from such confinement [(in this case the Maximum Total Benefit will be reduced by the rider benefits that have been paid out)]; (b) the date the Maximum Total Benefit has been paid; or (c) the date of death of the insured person. If benefits are payable under this provision, because the base policy has lapsed, there will be no death benefit payable to the beneficiary or beneficiaries named in the base policy.

This Extension of Benefits is subject to all other provisions of this rider (including but not limited to the "Elimination Period" and "Eligibility for the Payment of Benefits" provisions).

Exclusions. Qualified Long-Term Care Services do not include treatment or care:

1. due to attempted suicide or intentionally self-inflicted injuries;
2. due to alcoholism or drug abuse (unless drug abuse was a direct result of the administration of drugs as part of treatment by a Physician);
3. due to war (declared or undeclared) or any act of war, or service in any of the armed forces or auxiliary units;
4. due to committing or attempting to commit or participating in a felony, riot or insurrection;
5. due to a mental, psychoneurotic, or personality disorder without evidence of organic disease (Alzheimer's Disease and senile dementia are not excluded from coverage);
6. received outside the United States unless the initial and any annual renewal certifications are completed by a Physician licensed in the United States. For purposes of this exclusion, United States shall mean the 50 states, District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

In addition, we will not pay any benefits under this rider if rider benefits are sought only because a third party requires that this rider be exercised (as, for example, to obtain or maintain a government assistance benefit).

[Nonforfeiture Benefit]

If this rider would otherwise end and the policy and rider have been in force for 3 or more policy years, your coverage may be continued as a Nonforfeiture Benefit, in a reduced benefit amount and with no additional rider charges due or payable thereafter, unless you have already received benefits (including any loan repayments) that equal or exceed the total charges deducted for this rider.

The coverage period under the Nonforfeiture Benefit begins on the date the rider would otherwise terminate for one of the following reasons (unless benefits are being continued under the "Extension of Benefits" provision of this rider):

1. we receive your written request to terminate the rider;
2. surrender of the policy;
3. upon the policy terminating without value at the end of a grace period; or
4. election of a Paid Up Death Benefit Guarantee.

If benefits are being continued under the "Extension of Benefits" provision and the Maximum Total Benefit has not been paid out, coverage under the Nonforfeiture Benefit begins on the date the insured person is discharged from confinement in a Long-Term Care Facility.

While this Nonforfeiture Benefit is in effect, all of the provisions of the Rider, including the "Rider Benefits and Conditions" section, continue to apply. Note that for any benefits, up to the Maximum Total Nonforfeiture Benefit, to be payable, we must receive from you all required information identified in the "Eligibility for the Payment of Benefits" provision of this rider. If you do not provide that required information, we will not pay you any benefits under this "Nonforfeiture Benefit" provision.

Once the Nonforfeiture Benefit is in effect, we will continue Long-Term Care coverage under a paid-up status (meaning no further premiums will be accepted) until the earlier of:

1. the death of the insured person; and
2. the date the Maximum Total Nonforfeiture Benefit has been paid out and reduced to zero during a Period of Coverage.

If coverage is being continued under the Nonforfeiture Benefit you will receive additional information regarding this benefit, including the available Maximum Total Nonforfeiture Benefit.]

General Provisions

Representations and Contestability. If this rider has been in effect or restored for less than six months, we may rescind it or deny an otherwise valid claim if the application for this rider contained a misrepresentation that is material to the acceptance of the application.

If this rider has been in effect for at least six months, but less than two years, we may rescind it or deny an otherwise valid request for rider benefits if the application contained a misrepresentation that is both:

1. material to the acceptance of the application; and
2. pertains to the condition for which the claim is made.

After this rider has been in effect for two years, it is incontestable, except for material facts about the insured person's health that you or the insured person knowingly and intentionally misrepresented. If the this rider is rescinded after we have paid benefits under this rider, we may not recover the payments already made; however, any death benefit payable under the base policy will be reduced by the amount of such payment and policy values will be adjusted as described in subsection (B) of the "Effects of Rider Benefits on Policy" provision of this rider.

All statements in the rider application are deemed to be representations and not warranties.

Misstatement in Age or Sex. If we determine while the insured person is alive that the insured person's age or sex has been misstated on the application, we will recalculate all policy values from the date of policy issue. If, based on the insured person's correct age, we would not have issued this rider, then our liability will be limited to the refund of all charges made for this rider.

Grace Period. The "Grace Period" provision of the policy will apply to this rider. During the Grace Period this rider will stay in effect.

Restoration of Rider Benefits When the Owner is the Insured Person. If this rider terminates while you would have otherwise met the eligibility criteria as described in the "Eligibility for the Payment of Benefits" provision, this rider may be restored if you provide a written request within 5 months after the date of termination, and provided that all of the following conditions are met:

1. the policy is restored in accordance with the terms of its restoration provision, to the extent necessary for restoration of rider benefits in effect at the time of termination;
2. we receive satisfactory proof that you would have qualified for benefits on the date of termination; and
3. we receive payment of all overdue rider charges.

The restored rider will not provide Monthly Benefit Payments during the period of lapse to the date of restoration. The date of restoration will be the beginning of the policy month that coincides with or next follows the date we approve your request.

Notice of Claim. Written notice of claim must be submitted to us to our Administrative Office within 30 days after a covered loss starts or as soon as reasonably possible. The notice should include your name, the insured person's name (if not the same), the policy number, and the type of care the insured person is receiving or plans to receive.

Claim Forms. We will furnish you with forms for filing proof of loss within 15 days after we receive notice of claim. If we do not, you can comply with this rider's Proof of Loss requirement by writing to us within 90 days after the loss occurs about the nature and extent of the loss.

Proof of Loss. Written proof of loss must be given in a form satisfactory to us to us at our Administrative Office during the insured person's lifetime and within 90 days after such loss. If it is not reasonably possible to give written proof in the time required, we shall not reduce or deny a claim for this reason if the proof is given as soon as reasonably possible. However, the proof must be given to us during the insured person's lifetime, and in no event, except in the absence of legal capacity, later than one year after the loss.

Time of Payment of Claims. Benefits for any loss covered under this rider will be payable upon approval of the claim for benefits.

Appeals. We will notify you in writing if we do not approve your claim for benefits. You have the right to appeal our claims decision and request all information directly related to our denial. We will provide you with the information within 60 days after our receipt of your written request.

Legal Actions. No legal action may be brought to recover under this rider within 60 days after written proof of loss has been given as required by this rider. No such action may be brought after three years from the time written proof of loss is required to be given.

Rider Restoration. If you restore the policy's benefits, you may restore it with this rider in accordance with the section of the policy entitled "Restoration of Policy Benefits." You must also provide evidence satisfactory to us of the insurability for the insured person, unless all of the conditions of the "Restoration of Rider Benefits When the Owner is the Insured Person" provision are met.

Rider Termination. This rider will terminate after all applicable adjustments to policy values as described in this rider have been made, and no further benefits will be payable (except as provided under the "Extension of Benefits" provision [and "Nonforfeiture Benefit" provision] of this rider), on the earliest of the following:

1. at any time after the first policy year at the start of the policy month that coincides with or next follows the date we receive your written request to terminate this rider;
2. upon termination or surrender of the policy;
3. the date of death of the insured person;
4. the date when the Accumulated Benefit Lien Amount equals the Maximum Total Benefit;
5. the effective date of the election of a Paid Up Death Benefit Guarantee;
6. the date you request payment under an Accelerated Death Benefit Rider due to terminal illness of the insured person[, if it occurs before coverage is continued as a Nonforfeiture Benefit];
7. the date the policy goes on Loan Extension[, if it occurs before coverage is continued as a Nonforfeiture Benefit]; and
8. on the date that a new insured person is substituted for the original insured person under the terms of any Substitution of Insured rider[, if it occurs before coverage is continued as a Nonforfeiture Benefit].

General. This rider is part of the policy. Its benefit is subject to all terms of this rider and the policy. All provisions of the policy continue to apply except as specifically modified by this rider. This rider has no cash or loan values.

Cross Border Rules. This rider will pay benefits for similar services obtained in a state or jurisdiction (this means all 50 U.S. states, District of Columbia, Puerto Rico and U.S. Virgin Islands) other than the state or jurisdiction in which the policy to which the rider is attached was delivered, if benefits for those services would have been paid in the policy delivery state, irrespective of any facility licensing, certification or registration requirements (or similar requirements) differences between the states.

MONY LIFE INSURANCE COMPANY OF AMERICA

[

Mark Pearson, Chairman of the Board
and Chief Executive Officer]

[

Karen Field Hazin, Vice President,
Secretary and Associate General Counsel]

SECTION C—ACCELERATED DEATH BENEFIT FOR LONG-TERM CARE SERVICES RIDER QUESTIONNAIRE FORMING PART OF THE APPLICATION FOR INSURANCE

Disclosure: The receipt of Long-Term Care benefits may be taxable. You, the Owner, should consult your tax advisor as to the taxation of any Long-Term Care benefits received.

Name of Proposed Insured _____ Date of Birth _____ (mm/dd/yyyy) Policy # (if known) _____

LONG-TERM CARE SERVICES RIDER INFORMATION

1. The Long-Term Care Specified Amount applied for equals the initial face amount of the base policy times the acceleration percentage.

Select one acceleration percentage

☐ 100% (Available for both Death Benefit Options)

☐ _____% (Available for Death Benefit Option A only. Percentage must be between 20% and 100% (whole integers).

The acceleration percentage selected multiplied by the base policy face amount must equal a minimum of \$100,000

2. The Maximum Monthly Benefit at issue is equal to the Long-Term Care Specified Amount multiplied by the benefit percentage chosen by the owner.

☐ 1%

☐ 2%

☐ 3%

If a benefit percentage is not chosen, the default benefit percentage is: [(a) 2% if the initial face amount of the base policy is less or equal to \$2,500,000; and (b) 1% if the initial face amount is greater than \$2,500,000, but not to exceed \$5,000,000.]

3. Nonforfeiture Benefit ☐ Yes ☐ No

The cost of the Long-Term Care Services rider with the Non Forfeiture Benefit is greater than it would be if this option is not selected. If the rider with this option terminates after the policy has been in force for 3 or more policy years, coverage may be continued in a reduced benefit amount without additional charges for the rider.

PROTECTION AGAINST UNINTENDED TERMINATION

4. I, the Owner, understand that I have the right to designate at least one person other than myself to receive written notice of lapse or termination of the policy to which this rider is attached. I understand that such notice will not be sent until 30 days after the rider charge is due and unpaid.

☐ I elect to designate a person to receive such notice (complete information below)

☐ I DO NOT elect to designate a person to receive such notice

Name _____

Home Address No and Street _____ Bldg/Apt/Ste _____

City _____ State _____ Zip Code _____

GENERAL INFORMATION (Proposed Insured)

5. a. (i) Are you actively at work on a full-time basis, at least 30 hours per week, performing the regular duties of your normal job in a normal capacity, and not been absent for more than five consecutive days within the last 2 months due to illness or medical treatment? ☐ Yes ☐ No

(ii) If answer is "No," to question 5a (i), please explain _____

b. Do you have any hobbies or participate in any of the following activities: physical or recreational activities, volunteer, travel, social clubs or similar activity? ☐ Yes ☐ No

c. Do you need or receive assistance with any of the following: laundry, cleaning, shopping, telephone use, meal, preparation, managing your finances, managing your medication or use of transportation? ☐ Yes ☐ No

d. Are you covered by Medicaid? ☐ Yes ☐ No

e. Are you currently receiving, or within the past 10 years, have you received or applied for any disability benefits, including Worker's compensation, Social Security Disability or any form of disability insurance? ☐ Yes ☐ No

f. Do you currently have, or have you during the last 12 months, another accident and health or long-term care insurance policy, rider or certificate in force (including a health care service contract or health maintenance organization contract)? ☐ Yes ☐ No

g. Do you intend to replace any of your long-term care, medical, or health coverage with the coverage applied for? ☐ Yes ☐ No

h. Do you have any other policies, certificates or riders that provide similar long-term care coverage? ☐ Yes ☐ No

i. Have you ever been denied coverage for a long-term care insurance rider or policy? ☐ Yes ☐ No

If "Yes", provide details. _____

**DETAILS FOR "YES" ANSWERS TO
GENERAL INFORMATION
(Questions 5f-5h)**

<i>Company</i>	<i>Policy/Certificate No.</i>	<i>Type and Amount</i>	<i>Currently in force</i>	<i>Being Replaced?</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide date of lapse for any insurance not currently in force.

**FINANCIAL PROFESSIONAL TO COMPLETE THIS
SECTION**

List any other health or long-term care insurance policies that are currently in force:

<i>Company</i>	<i>Policy No.</i>	<i>Type and Amount</i>

List any other health or long-term care insurance policies in the last 5 years that are no longer in force:

<i>Company</i>	<i>Policy No.</i>	<i>Type and Amount</i>

MEDICAL INFORMATION (Proposed Insured)

- 6.
- Do you currently use any medical devices, such as a: cane, wheelchair, walker, crutches, hospital bed, motorized scooter, catheter, dialysis machine, respirator, oxygen machine or apparatus, or stair lift?* ☐ Yes ☐ No
 - Do you currently need or receive help in doing any of the following: bathing, eating, dressing, toileting, maintaining continence, transferring from bed to chair?* ☐ Yes ☐ No
 - Do you currently have, or have you ever been diagnosed or treated by a member of the medical profession for:*
 - Alzheimer's Disease, dementia, or organic brain syndrome?* ☐ Yes ☐ No
 - Multiple Sclerosis, Muscular Dystrophy, ALS (Lou Gehrig's Disease), Huntington's Chorea, Motor Neuron Disease or Parkinson's Disease?* ☐ Yes ☐ No
 - Within the last 5 years, have you received medical advice, diagnosis or treatment from, or consulted with, a member of the medical profession for:*
 - Transient ischemic attack, stroke, depression, seizures, tremors, numbness or imbalance, Amnesia, confusion or memory loss?* ☐ Yes ☐ No
 - Bladder disorders, prostate disorders, disorders of the reproductive organs, liver disorders, or incontinence problems?* ☐ Yes ☐ No
 - Osteoporosis, or arthritis?* ☐ Yes ☐ No
 - Ataxia, transverse myelitis, myasthenia gravis, blindness or post polio syndrome?* ☐ Yes ☐ No
 - Amputation due to disease or other medical condition, disorder of the hip, knee, shoulder, bone or joints?* ☐ Yes ☐ No

6. Continued:

e. Do you have chronic pain or chronic fatigue?

☐ Yes ☐ No

f. Within the last 24 months have you:

i. Had any falls?

☐ Yes ☐ No

ii. Had any injury or fracture as a result of a fall?

☐ Yes ☐ No

g. Within the last 24 months have you:

i. Been or are you currently confined, or has a licensed medical professional recommended admission to, a nursing home, nursing facility or hospital?

☐ Yes ☐ No

ii. Received or are you currently receiving home health care?

☐ Yes ☐ No

iii. Attended or are you currently attending adult day care?

☐ Yes ☐ No

h. Are you currently living in an Assisted Living or Custodial Facility?

☐ Yes ☐ No

Details for "Yes" answers to 6a-h:

Question Letter	Illness, Treatment (include specific diagnosis and medication)	Onset Date	Recovery Date	If disabled, how long?	Doctor, Clinic, or Hospital Complete Address, and Phone Number

I agree as follows: I, the Owner, am applying for an acceleration of life insurance death benefits under the Accelerated Death Benefit for Long-Term Care Services Rider that will become part of the life insurance policy that I applied for. The statements and answers in this application are true and complete to the best of my knowledge and belief. If any statements and answers in this application are not complete, true, or correctly recorded, I understand that the Company checked on page 1 above section A of the application and/or any other affiliated companies has the right to deny benefits or rescind the rider applied for. I, the Owner, understand that this application will form part of the basis of coverage under the policy I applied for and that coverage for this rider will take effect on the Register Date of the policy. I understand that this rider covers only the Insured person named in the policy.

Acknowledgement: I have received the rider Outline of Coverage and the Shopper's Guide to Long-Term Care Insurance (if required by law in the state in which this rider is delivered.)

Under the Federal income tax law, I, the Owner, have the right to elect not to have withholding taxes apply. I acknowledge that I do not want any Federal income tax withheld relating to any taxable distributions deducted from my policy account value to pay the monthly cost for this rider. This acknowledgement will be valid on the date signed and is effective until revoked.

AXA Equitable Life Insurance Company

1290 Avenue of the Americas
New York, New York 10104
800-777-6510

MONY Life Insurance Company of America

2999 North 44th Street
Suite 250, Phoenix, Arizona 85018
800-777-6510

LONG-TERM CARE SERVICES RIDER**ACCELERATION OF LIFE INSURANCE DEATH BENEFITS FOR
LONG-TERM CARE SERVICES****OUTLINE OF COVERAGE****Rider R12-10**

CAUTION: The issuance of the Long-Term Care Services Rider is based upon your responses to the questions on your application. A copy of the application for the policy and the application for the rider is attached to the policy. If your answers are incorrect or untrue, AXA Equitable Life Insurance Company/MONY Life Insurance Company of America ("MLOA") have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at the AXA Equitable/MONY National Operations Center, 10840 Ballantyne Commons Parkway, Charlotte, NC 28277 (800) 777-6510

NOTICE TO POLICYOWNER: The rider described in this outline may not cover all of the costs associated with long-term care incurred by the insured during the Period of Coverage. You are advised to carefully review policy and rider limitations.

1. The Long-Term Care Services Rider is attached to an individual life insurance policy.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This Outline of Coverage provides a very brief description of the important features of the Long-Term Care Services Rider. You should compare this Outline of Coverage to outlines of coverage for other policies and riders available to you. This is not an insurance contract, but only a summary of coverage. Only the rider and the individual life insurance policy to which it is attached contain the governing contractual provisions. This means that the rider and policy set forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY AND RIDER CAREFULLY!**
3. **FEDERAL INCOME TAX TREATMENT OF THE RIDER.** The benefits paid under this rider are intended to be treated, for Federal income tax purposes, as accelerated death benefits under the Internal Revenue Code ("the Code") on the life of a chronically ill insured receiving qualified long-term care services within the meaning of section 7702B of the Code. The Rider is intended to be a qualified long-term care insurance contract under section 7702B(b) of the Code. The benefit is intended to qualify for exclusion from income subject to the limitations of the Code with respect to an insured. Receipt of these benefits may be taxable and may affect your investment in the contract. Generally income exclusion for all payments from all sources with respect to an insured will be limited to the higher of the Health Insurance Portability and Accountability Act ("HIPAA") per diem limit or actual costs incurred by the owner on behalf of the insured. Charges for this rider will reduce your investment in your contract for income tax purposes.

The exclusion for accelerated death benefits under section 101(g) of the Code does not apply to any amounts paid to an owner other than the insured if the owner has an insurable interest with respect to the life of the insured by reason of the insured being an officer, employee or director of the owner or by reason of the insured being financially interested in any trade or business carried on by the owner. It is unclear whether a similar rule would apply to benefits under a qualified long term care rider. Where the owner and insured are not the same, other tax considerations may also arise in connection with getting benefits to the insured, for example, gift taxes in personal settings, compensation income in the employment context and inclusion of life insurance policy proceeds for estate tax purposes in certain trust owned situations.

This information is based upon our general understanding of current Federal income tax rules and is not intended as legal or tax advice. You should consult your own tax advisor as to your own situation regarding the taxation of charges for the rider and any benefits received.

4. **TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED.**

(a) **RENEWABILITY:** You have the right to continue the rider except as provided in the provision captioned “Rider Termination.” AXA Equitable/MLOA cannot change any of the terms of your rider on its own, except that, in the future, IT MAY INCREASE THE RATE FOR THE RIDER, but we will not charge you more than the guaranteed maximum rate shown in the “Policy Information” section of your policy.

(b) **WAIVER OF CHARGE:** The monthly cost for this rider will be waived while rider benefits are being paid.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE RIDER CHARGES.**

We have the right to change the rate we use to calculate the charge for this rider; we can change the current rate, but it will never exceed the guaranteed maximum rate shown in the “Policy Information” section of the policy. Any change in the rate will be on a basis that is equitable to all policyholders of a given class, and will be as described in the “Changes in Policy Cost Factors” provision of the policy.

6. **TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND RIDER CHARGES REFUNDED.**

(a) You may examine the rider, and if for any reason you are not satisfied with it, you may cancel it by returning it within 30 days from the date it was delivered to you. If you do this, we will reverse any charges that were applicable to the rider and the rider will be treated as if it had never been issued. Once the rider is canceled, such cancellation may not be reversed and the rider may not be added to the policy at a later date.

(b) This rider does not contain a provision providing for a refund or partial refund of the rider charges upon the death of the insured or upon the surrender of the rider or policy, although it does contain an optional nonforfeiture benefit, which allows the insured person to receive a reduced long-term care benefit even if the rider and/or policy have been terminated.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from us. Neither AXA Equitable/MLOA nor its agents represent Medicare, the federal government or any state government.
8. **LONG-TERM CARE COVERAGE.** Policies and riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as a nursing home, in the community or in the home.

This rider provides monthly benefit payments to the policyowner when the insured person is receiving Qualified Long-Term Care Services during a Period of Coverage, in accordance with a Plan of Care, subject to rider limitations and requirements. The Maximum Monthly Benefit is initially equal to the Long-Term Care Specified Amount multiplied by the benefit percentage that you have selected. This amount may change due to subsequent policy transactions.

The Monthly Benefit Payment is equal to the lesser of:

- the Maximum Monthly Benefit (or lesser amount as requested); and
 - the monthly equivalent of 200% of the per diem limit allowed by the HIPAA. We reserve the right to increase this percentage.
9. **BENEFITS PROVIDED BY THIS RIDER.** We will pay you, as an acceleration of the policy death benefit (but not to exceed the Maximum Total Benefit), a portion of that death benefit each month as a result of the insured person being a Chronically Ill Individual who is receiving Qualified Long-Term Care Services, in accordance with a Plan of Care. All benefits are subject to the provisions of the rider. Benefits paid under the rider will be treated as a lien against policy values (except payments made pursuant to Nonforfeiture Benefit, if elected); these values will be adjusted to reflect the effects of the lien.
 - (a) Covered Services. Subject to the conditions, limitations, and exclusions found in the rider, we will provide monthly benefits for services received by the Insured when that person is a Chronically Ill Individual and they are:
 - confined in a Long-Term Care Facility (other than the acute care unit of a Hospital) that provides Skilled Nursing Care, Intermediate Care, or Custodial Care, and is licensed by the appropriate state licensing agency. The facility must have a registered graduate nurse on duty at all times, a doctor to supervise the operation of the facility, a planned program of policies and procedures that were developed with the advice of a professional group of at least one doctor or nurse, and a doctor to furnish emergency medical care; or
 - residing in an Assisted Living Facility, which is a facility that is engaged primarily in providing ongoing care and related services to inpatients in one location and meets certain criteria (listed in your rider); or
 - receiving services from a Hospice Care Facility, which is a licensed hospice facility which provides palliative and supportive medical and other health services to meet the physical, social, spiritual, and special needs of terminally ill patients and their families in a group residential setting; or

- receiving services from a Home Health Care Provider, which is a licensed home health care agency or through Adult Day Care or an employee of a Hospital acting in the capacity of providing care in a private home.
- (b) Elimination period: We will not pay benefits during the Elimination Period. Elimination Period means a required period of time while the rider is in force that must elapse before any benefit is payable under the rider. The rider will have an Elimination Period of 90 days, beginning on the first day of any Qualified Long-Term Care Services that are provided to the insured person. The Elimination Period must be satisfied within a consecutive period of 24 months starting with the month in which such services are first provided. Benefits under this rider will not be paid until the Elimination Period is satisfied, and benefits will not be retroactively paid for the Elimination Period. The Elimination Period can be satisfied by any combination of days of a Long-Term Care Facility stay or any days of Home Health Care. Each day of care or service will be counted towards the Elimination Period, whether or not continuous. The Elimination Period must be satisfied only once while this rider is in effect.
- (c) Eligibility for Payment of Benefits. The Insured is eligible to receive payments under the conditions of the rider, if the insured:
- has been unable to perform (without Substantial Assistance from another person) no fewer than two Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
 - requires Substantial Supervision to protect himself or herself from threats to health and safety due to the presence of Cognitive Impairment.

Activities of Daily Living mean the following activities: bathing, continence, dressing, eating, toileting and transferring.

Cognitive Impairment means a severe deficiency in the insured person's short or long term memory; orientation as to person, place, and time; deductive or abstract reasoning; or judgment as it relates to safety awareness; included in this definition are nervous or mental disorders of organic origin, including Alzheimer's Disease and senile dementia, which are determined by clinical diagnosis or tests.

- (d) Conditions. To receive benefits under this rider:
- the insured must provide us with a written certification from a U.S. Licensed Health Care Practitioner (a Licensed Health Care Practitioner does not include you, the insured person, a member of your or the insured person's Immediate Family, anyone who is under suspension from Medicare or Medicaid, or who is the owner or an employee of the Long-Term Care Facility in which the insured person is confined) that the insured person is a Chronically Ill Individual and is receiving Qualified Long-Term Care Services required in accordance with a written Plan of Care prescribed by the Practitioner;
 - the Elimination Period must have been satisfied; and
 - we must receive notice of claim and proof of loss in a form satisfactory to us.

10. LIMITATIONS AND EXCLUSIONS.

- (a) Preexisting conditions. This rider does not cover conditions for which the insured person received medical advice or treatment from a provider of health care services (or a condition for which treatment was recommended to the insured person by a health care provider) within six months preceding the effective date of this rider. No benefits will be provided under the rider during the first six months for long-term care services received by the insured due to a preexisting condition. Days of Service received by, or recommended to, the Insured for a preexisting condition during the first six months that the rider is in force will not be counted toward the satisfaction of the Elimination Period.
- (b) Exclusions, Exceptions and Limitations. This rider does not cover services provided by a facility or an agency that does not meet the rider definition of such facility or agency. The rider does not cover care or treatment:
- from a facility that primarily treats drug addicts or alcoholics;
 - from a facility that primarily provides domiciliary, residency or retirement care;
 - from a facility owned or operated by a member of your or the insured person's Immediate Family;
 - provided by a member of the insured's Immediate Family;
 - from anyone who is under suspension from Medicare or Medicaid;
 - if benefits are sought only because a third party requires that this rider be exercised (as, for example, to obtain or maintain a government assistance benefit);
 - for an attempted suicide or intentionally self-inflicted injuries;
 - as a result of alcoholism or drug abuse (unless drug abuse was a result of the administration of drugs as part of treatment by a Physician);
 - due to war (declared or undeclared) or any act of war, or service in any of the armed forces or auxiliary units;
 - due to committing or attempting to commit or participating in a felony, riot or insurrection;
 - for a mental, psychoneurotic or personality disorder without evidence of organic disease (Alzheimer's Disease and senile dementia are not excluded from coverage);
 - received outside the United States unless the initial and any annual renewal certifications are completed by a U.S. Licensed Health Care Physician. For purpose of this exclusion, United States shall mean the 50 states, District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

THIS RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH THE INSURED'S LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS.

Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The rider does not include inflation protection coverage and therefore the maximum monthly benefit will not increase over time.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.

The rider will cover qualified long-term care services arising from the insured receiving a clinical diagnosis of Alzheimer's Disease or related degenerative and dementing illnesses that result in the insured's cognitive impairment.

13. RIDER CHARGES

The charge for the rider is included in the total policy monthly deduction from the policy's contract value as long as the rider is in force (except where inforce under the Nonforfeiture Benefit, if elected), but not while rider benefits are being paid and not beyond age 121, or until the death of the Insured. The rate for the rider varies by the insured person's sex, issue age, class of risk and tobacco user status, as well as the benefit percentage selected; please see attached Appendix A for your rate. The cost of the rider will be higher if the nonforfeiture option is chosen.

14. ADDITIONAL FEATURES

Issuance of this coverage may depend upon certain medical information about the Insured. This is generally known as medical underwriting.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE SERVICES RIDER.

APPENDIX A
AXA EQUITABLE LIFE INSURANCE COMPANY and MONY LIFE INSURANCE COMPANY OF AMERICA
ACCELERATED DEATH BENEFIT FOR LONG TERM CARE SERVICES RIDER
CURRENT MONTHLY COST OF INSURANCE RATES PER \$1,000 OF LONG TERM CARE NET AMOUNT AT RISK*
1% BENEFIT PERCENTAGE

Issue Age	Male						Issue Age	Female					
	Non-Smoker				Smoker			Non-Smoker				Smoker	
	Preferred Elite	Preferred	Standard Plus	Standard	Preferred	Standard		Preferred Elite	Preferred	Standard Plus	Standard	Preferred	Standard
20	0.022	0.022	0.022	0.026	0.028	0.028	20	0.030	0.030	0.030	0.034	0.034	0.034
21	0.022	0.022	0.022	0.026	0.028	0.028	21	0.031	0.031	0.031	0.035	0.035	0.035
22	0.022	0.022	0.022	0.026	0.029	0.029	22	0.031	0.031	0.031	0.036	0.036	0.036
23	0.022	0.022	0.022	0.027	0.029	0.029	23	0.031	0.031	0.031	0.037	0.037	0.037
24	0.023	0.023	0.023	0.027	0.030	0.030	24	0.031	0.031	0.031	0.038	0.039	0.039
25	0.023	0.023	0.023	0.027	0.030	0.030	25	0.032	0.032	0.032	0.040	0.040	0.040
26	0.023	0.023	0.023	0.027	0.032	0.032	26	0.032	0.032	0.032	0.040	0.041	0.041
27	0.023	0.023	0.023	0.027	0.033	0.033	27	0.033	0.033	0.033	0.041	0.042	0.042
28	0.023	0.023	0.023	0.027	0.034	0.034	28	0.034	0.034	0.034	0.042	0.043	0.043
29	0.023	0.023	0.023	0.028	0.035	0.035	29	0.035	0.035	0.035	0.044	0.045	0.045
30	0.023	0.023	0.023	0.028	0.037	0.037	30	0.036	0.036	0.036	0.045	0.046	0.046
31	0.024	0.024	0.024	0.029	0.039	0.039	31	0.038	0.038	0.038	0.047	0.049	0.049
32	0.026	0.026	0.026	0.031	0.041	0.041	32	0.039	0.039	0.039	0.049	0.052	0.052
33	0.027	0.027	0.027	0.032	0.043	0.043	33	0.041	0.041	0.041	0.052	0.056	0.056
34	0.029	0.029	0.029	0.034	0.045	0.045	34	0.043	0.043	0.043	0.054	0.060	0.060
35	0.030	0.030	0.030	0.036	0.048	0.048	35	0.046	0.046	0.046	0.057	0.066	0.066
36	0.032	0.032	0.032	0.038	0.050	0.050	36	0.048	0.048	0.048	0.060	0.067	0.067
37	0.033	0.033	0.033	0.040	0.053	0.053	37	0.050	0.050	0.050	0.063	0.069	0.069
38	0.035	0.035	0.035	0.042	0.057	0.057	38	0.053	0.053	0.053	0.067	0.071	0.071
39	0.038	0.038	0.038	0.044	0.060	0.060	39	0.057	0.057	0.057	0.071	0.073	0.073
40	0.040	0.040	0.040	0.047	0.064	0.064	40	0.060	0.060	0.060	0.075	0.076	0.076
41	0.042	0.042	0.042	0.048	0.067	0.067	41	0.064	0.064	0.064	0.079	0.081	0.081
42	0.043	0.043	0.043	0.050	0.069	0.069	42	0.068	0.068	0.068	0.084	0.087	0.087
43	0.045	0.045	0.045	0.052	0.072	0.072	43	0.072	0.072	0.072	0.090	0.093	0.093
44	0.047	0.047	0.047	0.054	0.075	0.075	44	0.077	0.077	0.077	0.096	0.101	0.101
45	0.050	0.050	0.050	0.056	0.078	0.078	45	0.083	0.083	0.083	0.104	0.111	0.111
46	0.052	0.052	0.052	0.059	0.082	0.082	46	0.089	0.089	0.089	0.108	0.117	0.117
47	0.056	0.056	0.056	0.063	0.086	0.086	47	0.096	0.096	0.096	0.114	0.124	0.124
48	0.059	0.059	0.059	0.066	0.091	0.091	48	0.104	0.104	0.104	0.119	0.133	0.133
49	0.063	0.063	0.063	0.070	0.097	0.097	49	0.113	0.113	0.113	0.126	0.142	0.142
50	0.067	0.067	0.067	0.075	0.103	0.103	50	0.125	0.125	0.125	0.133	0.153	0.153
51	0.070	0.070	0.070	0.078	0.107	0.107	51	0.132	0.132	0.132	0.141	0.162	0.162
52	0.072	0.072	0.072	0.082	0.112	0.112	52	0.140	0.140	0.140	0.150	0.171	0.171
53	0.075	0.075	0.075	0.086	0.117	0.117	53	0.149	0.149	0.149	0.160	0.182	0.182
54	0.078	0.078	0.078	0.090	0.123	0.123	54	0.160	0.160	0.160	0.172	0.194	0.194
55	0.082	0.082	0.082	0.095	0.129	0.129	55	0.172	0.172	0.172	0.186	0.209	0.209
56	0.088	0.088	0.088	0.102	0.142	0.142	56	0.189	0.189	0.189	0.203	0.225	0.225
57	0.095	0.095	0.095	0.111	0.157	0.157	57	0.210	0.210	0.210	0.223	0.245	0.245
58	0.102	0.102	0.102	0.121	0.177	0.177	58	0.237	0.237	0.237	0.247	0.269	0.269
59	0.112	0.112	0.112	0.134	0.203	0.203	59	0.270	0.270	0.270	0.278	0.298	0.298
60	0.123	0.123	0.123	0.149	0.237	0.237	60	0.315	0.315	0.315	0.317	0.334	0.334
61	0.133	0.133	0.133	0.163	0.257	0.257	61	0.339	0.339	0.339	0.342	0.362	0.362
62	0.144	0.144	0.144	0.181	0.282	0.282	62	0.368	0.368	0.368	0.371	0.394	0.394
63	0.158	0.158	0.158	0.202	0.311	0.311	63	0.401	0.401	0.401	0.406	0.433	0.433
64	0.175	0.175	0.175	0.230	0.348	0.348	64	0.441	0.441	0.441	0.448	0.481	0.481
65	0.196	0.196	0.196	0.267	0.394	0.394	65	0.490	0.490	0.490	0.500	0.540	0.540
66	0.216	0.216	0.216	0.292	0.421	0.421	66	0.533	0.533	0.533	0.545	0.585	0.585
67	0.241	0.241	0.241	0.322	0.452	0.452	67	0.585	0.585	0.585	0.599	0.639	0.639
68	0.272	0.272	0.272	0.359	0.488	0.488	68	0.648	0.648	0.648	0.665	0.703	0.703
69	0.312	0.312	0.312	0.406	0.531	0.531	69	0.726	0.726	0.726	0.748	0.782	0.782
70	0.366	0.366	0.366	0.467	0.581	0.581	70	0.825	0.825	0.825	0.853	0.880	0.880
71	0.395	0.395	0.395	0.510	0.628	0.628	71	0.893	0.893	0.893	0.940	0.966	0.966
72	0.429	0.429	0.429	0.562	0.684	0.684	72	0.973	0.973	0.973	1.045	1.072	1.072
73	0.469	0.469	0.469	0.627	0.750	0.750	73	1.070	1.070	1.070	1.177	1.203	1.203
74	0.518	0.518	0.518	0.708	0.831	0.831	74	1.187	1.187	1.187	1.348	1.371	1.371
75	0.579	0.579	0.579	0.812	0.931	0.931	75	1.333	1.333	1.333	1.577	1.592	1.592

* Net amount at risk for this rider is the current Long-Term Care Specified Amount minus your Policy Account value, but not less than zero for Option A.
Net amount at risk for this rider is the current Long-Term Care Specified Amount for Option B

APPENDIX A
 AXA EQUITABLE LIFE INSURANCE COMPANY and MONY LIFE INSURANCE COMPANY OF AMERICA
 ACCELERATED DEATH BENEFIT FOR LONG TERM CARE SERVICES RIDER
 CURRENT MONTHLY COST OF INSURANCE RATES PER \$1,000 OF LONG TERM CARE NET AMOUNT AT RISK*
 2% BENEFIT PERCENTAGE

Issue Age	Male						Issue Age	Female					
	Non-Smoker				Smoker			Non-Smoker				Smoker	
	Preferred Elite	Preferred	Standard Plus	Standard	Preferred	Standard		Preferred Elite	Preferred	Standard Plus	Standard	Preferred	Standard
20	0.026	0.026	0.026	0.031	0.033	0.033	20	0.036	0.036	0.036	0.040	0.043	0.043
21	0.026	0.026	0.026	0.031	0.033	0.033	21	0.037	0.037	0.037	0.042	0.045	0.045
22	0.026	0.026	0.026	0.031	0.034	0.034	22	0.037	0.037	0.037	0.043	0.047	0.047
23	0.026	0.026	0.026	0.031	0.034	0.034	23	0.038	0.038	0.038	0.045	0.048	0.048
24	0.026	0.026	0.026	0.031	0.035	0.035	24	0.039	0.039	0.039	0.048	0.050	0.050
25	0.027	0.027	0.027	0.032	0.036	0.036	25	0.040	0.040	0.040	0.050	0.053	0.053
26	0.027	0.027	0.027	0.032	0.037	0.037	26	0.040	0.040	0.040	0.050	0.054	0.054
27	0.027	0.027	0.027	0.032	0.039	0.039	27	0.041	0.041	0.041	0.051	0.055	0.055
28	0.027	0.027	0.027	0.032	0.040	0.040	28	0.041	0.041	0.041	0.051	0.057	0.057
29	0.027	0.027	0.027	0.032	0.042	0.042	29	0.042	0.042	0.042	0.052	0.058	0.058
30	0.028	0.028	0.028	0.033	0.043	0.043	30	0.043	0.043	0.043	0.053	0.060	0.060
31	0.029	0.029	0.029	0.034	0.046	0.046	31	0.044	0.044	0.044	0.055	0.064	0.064
32	0.030	0.030	0.030	0.036	0.048	0.048	32	0.047	0.047	0.047	0.058	0.068	0.068
33	0.032	0.032	0.032	0.038	0.051	0.051	33	0.049	0.049	0.049	0.061	0.074	0.074
34	0.034	0.034	0.034	0.041	0.054	0.054	34	0.051	0.051	0.051	0.064	0.080	0.080
35	0.036	0.036	0.036	0.043	0.057	0.057	35	0.054	0.054	0.054	0.068	0.087	0.087
36	0.038	0.038	0.038	0.045	0.061	0.061	36	0.057	0.057	0.057	0.072	0.089	0.089
37	0.040	0.040	0.040	0.048	0.065	0.065	37	0.060	0.060	0.060	0.075	0.092	0.092
38	0.043	0.043	0.043	0.050	0.068	0.068	38	0.063	0.063	0.063	0.079	0.094	0.094
39	0.045	0.045	0.045	0.053	0.072	0.072	39	0.067	0.067	0.067	0.084	0.097	0.097
40	0.048	0.048	0.048	0.056	0.077	0.077	40	0.072	0.072	0.072	0.089	0.100	0.100
41	0.050	0.050	0.050	0.058	0.081	0.081	41	0.076	0.076	0.076	0.095	0.105	0.105
42	0.053	0.053	0.053	0.061	0.084	0.084	42	0.081	0.081	0.081	0.101	0.111	0.111
43	0.055	0.055	0.055	0.063	0.087	0.087	43	0.086	0.086	0.086	0.108	0.118	0.118
44	0.057	0.057	0.057	0.065	0.091	0.091	44	0.093	0.093	0.093	0.116	0.125	0.125
45	0.060	0.060	0.060	0.068	0.094	0.094	45	0.100	0.100	0.100	0.125	0.133	0.133
46	0.064	0.064	0.064	0.072	0.100	0.100	46	0.107	0.107	0.107	0.131	0.143	0.143
47	0.068	0.068	0.068	0.077	0.106	0.106	47	0.115	0.115	0.115	0.137	0.155	0.155
48	0.072	0.072	0.072	0.081	0.112	0.112	48	0.125	0.125	0.125	0.144	0.169	0.169
49	0.076	0.076	0.076	0.086	0.118	0.118	49	0.136	0.136	0.136	0.152	0.185	0.185
50	0.081	0.081	0.081	0.091	0.124	0.124	50	0.150	0.150	0.150	0.160	0.205	0.205
51	0.085	0.085	0.085	0.095	0.131	0.131	51	0.159	0.159	0.159	0.169	0.217	0.217
52	0.090	0.090	0.090	0.100	0.138	0.138	52	0.169	0.169	0.169	0.179	0.230	0.230
53	0.094	0.094	0.094	0.104	0.145	0.145	53	0.181	0.181	0.181	0.189	0.245	0.245
54	0.097	0.097	0.097	0.107	0.151	0.151	54	0.194	0.194	0.194	0.202	0.263	0.263
55	0.100	0.100	0.100	0.110	0.157	0.157	55	0.210	0.210	0.210	0.216	0.283	0.283
56	0.106	0.106	0.106	0.123	0.179	0.179	56	0.226	0.226	0.226	0.235	0.306	0.306
57	0.113	0.113	0.113	0.138	0.203	0.203	57	0.244	0.244	0.244	0.257	0.334	0.334
58	0.121	0.121	0.121	0.155	0.230	0.230	58	0.266	0.266	0.266	0.284	0.367	0.367
59	0.129	0.129	0.129	0.173	0.259	0.259	59	0.292	0.292	0.292	0.318	0.408	0.408
60	0.138	0.138	0.138	0.195	0.292	0.292	60	0.324	0.324	0.324	0.360	0.458	0.458
61	0.148	0.148	0.148	0.220	0.329	0.329	61	0.349	0.349	0.349	0.394	0.497	0.497
62	0.160	0.160	0.160	0.250	0.371	0.371	62	0.377	0.377	0.377	0.434	0.543	0.543
63	0.173	0.173	0.173	0.284	0.418	0.418	63	0.411	0.411	0.411	0.483	0.598	0.598
64	0.187	0.187	0.187	0.322	0.468	0.468	64	0.451	0.451	0.451	0.545	0.665	0.665
65	0.200	0.200	0.200	0.362	0.518	0.518	65	0.500	0.500	0.500	0.625	0.750	0.750
66	0.221	0.221	0.221	0.397	0.554	0.554	66	0.543	0.543	0.543	0.681	0.801	0.801
67	0.247	0.247	0.247	0.439	0.598	0.598	67	0.595	0.595	0.595	0.749	0.859	0.859
68	0.280	0.280	0.280	0.490	0.647	0.647	68	0.658	0.658	0.658	0.832	0.927	0.927
69	0.323	0.323	0.323	0.548	0.702	0.702	69	0.735	0.735	0.735	0.935	1.006	1.006
70	0.381	0.381	0.381	0.618	0.765	0.765	70	0.833	0.833	0.833	1.067	1.100	1.100
71	0.410	0.410	0.410	0.675	0.829	0.829	71	0.911	0.911	0.911	1.164	1.203	1.203
72	0.444	0.444	0.444	0.743	0.906	0.906	72	1.006	1.006	1.006	1.281	1.328	1.328
73	0.484	0.484	0.484	0.827	0.998	0.998	73	1.122	1.122	1.122	1.424	1.481	1.481
74	0.532	0.532	0.532	0.933	1.110	1.110	74	1.268	1.268	1.268	1.603	1.674	1.674
75	0.591	0.591	0.591	1.069	1.251	1.251	75	1.458	1.458	1.458	1.833	1.925	1.925

* Net amount at risk for this rider is the current Long-Term Care Specified Amount minus your Policy Account value, but not less than zero for Option A.
 Net amount at risk for this rider is the current Long-Term Care Specified Amount for Option B

APPENDIX A
 AXA EQUITABLE LIFE INSURANCE COMPANY and MONY LIFE INSURANCE COMPANY OF AMERICA
 ACCELERATED DEATH BENEFIT FOR LONG TERM CARE SERVICES RIDER
 CURRENT MONTHLY COST OF INSURANCE RATES PER \$1,000 OF LONG TERM CARE NET AMOUNT AT RISK*
 3% BENEFIT PERCENTAGE

Issue Age	Male							Issue Age	Female					
	Non-Smoker				Smoker				Non-Smoker				Smoker	
	Preferred Elite	Preferred	Standard Plus	Standard	Preferred	Standard			Preferred Elite	Preferred	Standard Plus	Standard	Preferred	Standard
20	0.027	0.027	0.027	0.032	0.036	0.036		20	0.038	0.038	0.038	0.042	0.046	0.046
21	0.027	0.027	0.027	0.032	0.036	0.036		21	0.038	0.038	0.038	0.044	0.047	0.047
22	0.027	0.027	0.027	0.033	0.037	0.037		22	0.039	0.039	0.039	0.045	0.049	0.049
23	0.028	0.028	0.028	0.033	0.038	0.038		23	0.039	0.039	0.039	0.047	0.050	0.050
24	0.028	0.028	0.028	0.033	0.039	0.039		24	0.040	0.040	0.040	0.049	0.052	0.052
25	0.028	0.028	0.028	0.033	0.039	0.039		25	0.040	0.040	0.040	0.050	0.054	0.054
26	0.028	0.028	0.028	0.034	0.041	0.041		26	0.041	0.041	0.041	0.051	0.055	0.055
27	0.029	0.029	0.029	0.034	0.042	0.042		27	0.041	0.041	0.041	0.052	0.056	0.056
28	0.029	0.029	0.029	0.035	0.044	0.044		28	0.042	0.042	0.042	0.052	0.058	0.058
29	0.030	0.030	0.030	0.035	0.046	0.046		29	0.043	0.043	0.043	0.053	0.060	0.060
30	0.030	0.030	0.030	0.036	0.048	0.048		30	0.043	0.043	0.043	0.053	0.061	0.061
31	0.032	0.032	0.032	0.038	0.050	0.050		31	0.045	0.045	0.045	0.056	0.065	0.065
32	0.034	0.034	0.034	0.040	0.053	0.053		32	0.047	0.047	0.047	0.059	0.070	0.070
33	0.036	0.036	0.036	0.042	0.056	0.056		33	0.050	0.050	0.050	0.062	0.075	0.075
34	0.038	0.038	0.038	0.045	0.060	0.060		34	0.052	0.052	0.052	0.066	0.081	0.081
35	0.040	0.040	0.040	0.048	0.064	0.064		35	0.055	0.055	0.055	0.069	0.088	0.088
36	0.042	0.042	0.042	0.050	0.067	0.067		36	0.058	0.058	0.058	0.073	0.091	0.091
37	0.045	0.045	0.045	0.053	0.071	0.071		37	0.061	0.061	0.061	0.077	0.093	0.093
38	0.047	0.047	0.047	0.056	0.075	0.075		38	0.065	0.065	0.065	0.081	0.096	0.096
39	0.050	0.050	0.050	0.059	0.080	0.080		39	0.069	0.069	0.069	0.086	0.099	0.099
40	0.053	0.053	0.053	0.062	0.086	0.086		40	0.074	0.074	0.074	0.091	0.102	0.102
41	0.056	0.056	0.056	0.065	0.089	0.089		41	0.078	0.078	0.078	0.097	0.107	0.107
42	0.058	0.058	0.058	0.068	0.093	0.093		42	0.083	0.083	0.083	0.103	0.113	0.113
43	0.061	0.061	0.061	0.071	0.097	0.097		43	0.089	0.089	0.089	0.110	0.120	0.120
44	0.065	0.065	0.065	0.074	0.102	0.102		44	0.095	0.095	0.095	0.119	0.128	0.128
45	0.068	0.068	0.068	0.078	0.107	0.107		45	0.103	0.103	0.103	0.128	0.136	0.136
46	0.072	0.072	0.072	0.082	0.113	0.113		46	0.110	0.110	0.110	0.134	0.146	0.146
47	0.077	0.077	0.077	0.087	0.119	0.119		47	0.119	0.119	0.119	0.141	0.158	0.158
48	0.082	0.082	0.082	0.092	0.127	0.127		48	0.129	0.129	0.129	0.148	0.172	0.172
49	0.087	0.087	0.087	0.098	0.135	0.135		49	0.141	0.141	0.141	0.157	0.189	0.189
50	0.094	0.094	0.094	0.105	0.144	0.144		50	0.155	0.155	0.155	0.166	0.209	0.209
51	0.097	0.097	0.097	0.109	0.150	0.150		51	0.165	0.165	0.165	0.175	0.221	0.221
52	0.101	0.101	0.101	0.113	0.157	0.157		52	0.176	0.176	0.176	0.185	0.235	0.235
53	0.106	0.106	0.106	0.117	0.165	0.165		53	0.188	0.188	0.188	0.197	0.250	0.250
54	0.111	0.111	0.111	0.122	0.173	0.173		54	0.203	0.203	0.203	0.210	0.268	0.268
55	0.116	0.116	0.116	0.128	0.182	0.182		55	0.219	0.219	0.219	0.226	0.288	0.288
56	0.123	0.123	0.123	0.137	0.197	0.197		56	0.236	0.236	0.236	0.245	0.312	0.312
57	0.131	0.131	0.131	0.148	0.216	0.216		57	0.255	0.255	0.255	0.269	0.340	0.340
58	0.140	0.140	0.140	0.162	0.238	0.238		58	0.278	0.278	0.278	0.297	0.374	0.374
59	0.150	0.150	0.150	0.177	0.264	0.264		59	0.306	0.306	0.306	0.332	0.416	0.416
60	0.162	0.162	0.162	0.197	0.298	0.298		60	0.339	0.339	0.339	0.376	0.468	0.468
61	0.176	0.176	0.176	0.230	0.334	0.334		61	0.365	0.365	0.365	0.411	0.507	0.507
62	0.192	0.192	0.192	0.259	0.386	0.386		62	0.394	0.394	0.394	0.453	0.554	0.554
63	0.211	0.211	0.211	0.302	0.428	0.428		63	0.429	0.429	0.429	0.505	0.610	0.610
64	0.235	0.235	0.235	0.326	0.483	0.483		64	0.471	0.471	0.471	0.569	0.679	0.679
65	0.264	0.264	0.264	0.369	0.528	0.528		65	0.523	0.523	0.523	0.653	0.765	0.765
66	0.286	0.286	0.286	0.403	0.565	0.565		66	0.568	0.568	0.568	0.712	0.817	0.817
67	0.313	0.313	0.313	0.443	0.607	0.607		67	0.622	0.622	0.622	0.783	0.877	0.877
68	0.345	0.345	0.345	0.491	0.655	0.655		68	0.688	0.688	0.688	0.869	0.946	0.946
69	0.385	0.385	0.385	0.552	0.712	0.712		69	0.768	0.768	0.768	0.977	1.026	1.026
70	0.434	0.434	0.434	0.630	0.780	0.780		70	0.871	0.871	0.871	1.115	1.122	1.122

* Net amount at risk for this rider is the current Long-Term Care Specified Amount minus your Policy Account value, but not less than zero for Option A.
 Net amount at risk for this rider is the current Long-Term Care Specified Amount for Option B

APPENDIX A
AXA EQUITABLE LIFE INSURANCE COMPANY and MONY LIFE INSURANCE COMPANY OF AMERICA
ACCELERATED DEATH BENEFIT FOR LONG TERM CARE SERVICES RIDER
GUARANTEED MONTHLY COST OF INSURANCE RATES PER \$1,000 OF
LONG TERM CARE NET AMOUNT AT RISK*

Issue Age	Male		Issue Age	Female	
	Non-Smoker	Smoker		Non-Smoker	Smoker
20	0.272	0.309	20	0.223	0.257
21	0.283	0.321	21	0.232	0.267
22	0.294	0.334	22	0.241	0.278
23	0.305	0.347	23	0.251	0.289
24	0.318	0.361	24	0.261	0.300
25	0.330	0.375	25	0.271	0.312
26	0.344	0.390	26	0.282	0.325
27	0.357	0.405	27	0.294	0.338
28	0.372	0.421	28	0.305	0.352
29	0.387	0.438	29	0.318	0.366
30	0.402	0.455	30	0.331	0.380
31	0.418	0.473	31	0.344	0.396
32	0.435	0.492	32	0.358	0.412
33	0.453	0.512	33	0.373	0.428
34	0.471	0.533	34	0.388	0.446
35	0.491	0.554	35	0.404	0.464
36	0.511	0.576	36	0.420	0.482
37	0.531	0.600	37	0.437	0.502
38	0.553	0.624	38	0.455	0.522
39	0.576	0.649	39	0.474	0.543
40	0.599	0.675	40	0.493	0.565
41	0.624	0.702	41	0.513	0.588
42	0.650	0.731	42	0.534	0.612
43	0.676	0.760	43	0.556	0.637
44	0.704	0.791	44	0.579	0.663
45	0.733	0.823	45	0.603	0.690
46	0.763	0.856	46	0.628	0.718
47	0.795	0.891	47	0.654	0.747
48	0.827	0.926	48	0.681	0.777
49	0.861	0.964	49	0.709	0.809
50	0.897	1.003	50	0.739	0.842
51	0.934	1.043	51	0.769	0.876
52	0.973	1.086	52	0.801	0.911
53	1.013	1.130	53	0.834	0.948
54	1.056	1.175	54	0.869	0.986
55	1.100	1.223	55	0.905	1.026
56	1.145	1.272	56	0.943	1.067
57	1.193	1.323	57	0.982	1.110
58	1.243	1.376	58	1.023	1.155
59	1.294	1.431	59	1.065	1.201
60	1.348	1.489	60	1.110	1.249
61	1.405	1.549	61	1.156	1.299
62	1.463	1.611	62	1.204	1.351
63	1.525	1.675	63	1.255	1.405
64	1.588	1.742	64	1.307	1.462
65	1.654	1.811	65	1.362	1.520
66	1.723	1.883	66	1.420	1.581
67	1.795	1.957	67	1.480	1.645
68	1.870	2.035	68	1.543	1.711
69	1.948	2.116	69	1.608	1.780
70	2.030	2.200	70	1.677	1.852
71	2.115	2.287	71	1.748	1.926
72	2.204	2.378	72	1.823	2.003
73	2.296	2.473	73	1.901	2.084
74	2.392	2.571	74	1.982	2.167
75	2.492	2.672	75	2.067	2.254

* Net amount at risk for this rider is the current Long-Term Care Specified Amount minus your Policy Account value, but not less than zero for Option A.
Net amount at risk for this rider is the current Long-Term Care Specified Amount for Option B

APPENDIX A
AXA EQUITABLE LIFE INSURANCE COMPANY and MONY LIFE INSURANCE COMPANY OF AMERICA
ACCELERATED DEATH BENEFIT FOR LONG TERM CARE SERVICES RIDER (with Nonforfeiture)
CURRENT MONTHLY COST OF INSURANCE RATES PER \$1,000 OF LONG TERM CARE NET AMOUNT AT RISK*
1% BENEFIT PERCENTAGE

Issue Age	Male						Issue Age	Female					
	Non-Smoker				Smoker			Non-Smoker				Smoker	
	Preferred Elite	Preferred	Standard Plus	Standard	Preferred	Standard		Preferred Elite	Preferred	Standard Plus	Standard	Preferred	Standard
20	0.042	0.042	0.042	0.048	0.049	0.049	20	0.053	0.053	0.053	0.058	0.058	0.058
21	0.043	0.043	0.043	0.048	0.050	0.050	21	0.053	0.053	0.053	0.059	0.060	0.060
22	0.043	0.043	0.043	0.048	0.051	0.051	22	0.053	0.053	0.053	0.060	0.061	0.061
23	0.043	0.043	0.043	0.048	0.051	0.051	23	0.053	0.053	0.053	0.062	0.062	0.062
24	0.043	0.043	0.043	0.048	0.052	0.052	24	0.054	0.054	0.054	0.063	0.063	0.063
25	0.043	0.043	0.043	0.049	0.052	0.052	25	0.054	0.054	0.054	0.064	0.065	0.065
26	0.044	0.044	0.044	0.049	0.054	0.054	26	0.055	0.055	0.055	0.066	0.067	0.067
27	0.045	0.045	0.045	0.050	0.056	0.056	27	0.057	0.057	0.057	0.068	0.069	0.069
28	0.046	0.046	0.046	0.051	0.057	0.057	28	0.058	0.058	0.058	0.069	0.071	0.071
29	0.046	0.046	0.046	0.053	0.059	0.059	29	0.060	0.060	0.060	0.071	0.074	0.074
30	0.047	0.047	0.047	0.054	0.061	0.061	30	0.061	0.061	0.061	0.073	0.077	0.077
31	0.048	0.048	0.048	0.055	0.063	0.063	31	0.063	0.063	0.063	0.075	0.080	0.080
32	0.049	0.049	0.049	0.056	0.066	0.066	32	0.065	0.065	0.065	0.078	0.083	0.083
33	0.050	0.050	0.050	0.057	0.068	0.068	33	0.067	0.067	0.067	0.080	0.087	0.087
34	0.051	0.051	0.051	0.059	0.071	0.071	34	0.069	0.069	0.069	0.083	0.091	0.091
35	0.053	0.053	0.053	0.060	0.074	0.074	35	0.071	0.071	0.071	0.086	0.095	0.095
36	0.054	0.054	0.054	0.062	0.077	0.077	36	0.074	0.074	0.074	0.089	0.099	0.099
37	0.056	0.056	0.056	0.064	0.079	0.079	37	0.077	0.077	0.077	0.093	0.103	0.103
38	0.058	0.058	0.058	0.066	0.082	0.082	38	0.080	0.080	0.080	0.098	0.107	0.107
39	0.060	0.060	0.060	0.069	0.085	0.085	39	0.084	0.084	0.084	0.102	0.112	0.112
40	0.062	0.062	0.062	0.071	0.089	0.089	40	0.088	0.088	0.088	0.107	0.117	0.117
41	0.065	0.065	0.065	0.074	0.092	0.092	41	0.093	0.093	0.093	0.113	0.123	0.123
42	0.067	0.067	0.067	0.077	0.096	0.096	42	0.098	0.098	0.098	0.120	0.129	0.129
43	0.070	0.070	0.070	0.080	0.101	0.101	43	0.104	0.104	0.104	0.127	0.136	0.136
44	0.074	0.074	0.074	0.083	0.106	0.106	44	0.110	0.110	0.110	0.135	0.144	0.144
45	0.077	0.077	0.077	0.087	0.111	0.111	45	0.118	0.118	0.118	0.145	0.153	0.153
46	0.081	0.081	0.081	0.091	0.116	0.116	46	0.126	0.126	0.126	0.152	0.162	0.162
47	0.085	0.085	0.085	0.096	0.122	0.122	47	0.135	0.135	0.135	0.159	0.171	0.171
48	0.089	0.089	0.089	0.101	0.129	0.129	48	0.146	0.146	0.146	0.167	0.182	0.182
49	0.095	0.095	0.095	0.106	0.136	0.136	49	0.158	0.158	0.158	0.177	0.194	0.194
50	0.100	0.100	0.100	0.112	0.144	0.144	50	0.173	0.173	0.173	0.187	0.208	0.208
51	0.104	0.104	0.104	0.117	0.149	0.149	51	0.183	0.183	0.183	0.197	0.220	0.220
52	0.107	0.107	0.107	0.121	0.156	0.156	52	0.194	0.194	0.194	0.209	0.233	0.233
53	0.112	0.112	0.112	0.126	0.163	0.163	53	0.206	0.206	0.206	0.223	0.247	0.247
54	0.116	0.116	0.116	0.131	0.170	0.170	54	0.221	0.221	0.221	0.238	0.263	0.263
55	0.121	0.121	0.121	0.137	0.179	0.179	55	0.237	0.237	0.237	0.256	0.282	0.282
56	0.128	0.128	0.128	0.146	0.195	0.195	56	0.259	0.259	0.259	0.277	0.304	0.304
57	0.136	0.136	0.136	0.157	0.214	0.214	57	0.285	0.285	0.285	0.302	0.329	0.329
58	0.145	0.145	0.145	0.169	0.238	0.238	58	0.317	0.317	0.317	0.333	0.359	0.359
59	0.156	0.156	0.156	0.184	0.269	0.269	59	0.358	0.358	0.358	0.370	0.394	0.394
60	0.169	0.169	0.169	0.202	0.309	0.309	60	0.411	0.411	0.411	0.417	0.438	0.438
61	0.181	0.181	0.181	0.220	0.335	0.335	61	0.441	0.441	0.441	0.448	0.472	0.472
62	0.196	0.196	0.196	0.242	0.365	0.365	62	0.475	0.475	0.475	0.483	0.512	0.512
63	0.213	0.213	0.213	0.270	0.402	0.402	63	0.515	0.515	0.515	0.525	0.559	0.559
64	0.233	0.233	0.233	0.304	0.446	0.446	64	0.563	0.563	0.563	0.575	0.616	0.616
65	0.258	0.258	0.258	0.349	0.502	0.502	65	0.621	0.621	0.621	0.636	0.686	0.686
66	0.283	0.283	0.283	0.380	0.535	0.535	66	0.673	0.673	0.673	0.690	0.740	0.740
67	0.314	0.314	0.314	0.417	0.572	0.572	67	0.734	0.734	0.734	0.755	0.804	0.804
68	0.351	0.351	0.351	0.462	0.616	0.616	68	0.808	0.808	0.808	0.833	0.879	0.879
69	0.399	0.399	0.399	0.518	0.666	0.666	69	0.899	0.899	0.899	0.930	0.971	0.971
70	0.463	0.463	0.463	0.590	0.725	0.725	70	1.014	1.014	1.014	1.053	1.084	1.084
71	0.499	0.499	0.499	0.643	0.781	0.781	71	1.093	1.093	1.093	1.156	1.187	1.187
72	0.540	0.540	0.540	0.706	0.847	0.847	72	1.187	1.187	1.187	1.280	1.312	1.312
73	0.588	0.588	0.588	0.784	0.925	0.925	73	1.299	1.299	1.299	1.435	1.466	1.466
74	0.646	0.646	0.646	0.880	1.019	1.019	74	1.433	1.433	1.433	1.634	1.661	1.661
75	0.717	0.717	0.717	1.004	1.135	1.135	75	1.599	1.599	1.599	1.896	1.917	1.917

* Net amount at risk for this rider is the current Long-Term Care Specified Amount minus your Policy Account value, but not less than zero for Option A.
Net amount at risk for this rider is the current Long-Term Care Specified Amount for Option B

APPENDIX A
AXA EQUITABLE LIFE INSURANCE COMPANY and MONY LIFE INSURANCE COMPANY OF AMERICA
ACCELERATED DEATH BENEFIT FOR LONG TERM CARE SERVICES RIDER (with Nonforfeiture)
CURRENT MONTHLY COST OF INSURANCE RATES PER \$1,000 OF LONG TERM CARE NET AMOUNT AT RISK*
2% BENEFIT PERCENTAGE

Issue Age	Male						Issue Age	Female					
	Non-Smoker				Smoker			Non-Smoker				Smoker	
	Preferred Elite	Preferred	Standard Plus	Standard	Preferred	Standard		Preferred Elite	Preferred	Standard Plus	Standard	Preferred	Standard
20	0.049	0.049	0.049	0.055	0.057	0.057	20	0.061	0.061	0.061	0.067	0.071	0.071
21	0.049	0.049	0.049	0.056	0.058	0.058	21	0.062	0.062	0.062	0.069	0.073	0.073
22	0.050	0.050	0.050	0.056	0.059	0.059	22	0.063	0.063	0.063	0.071	0.075	0.075
23	0.050	0.050	0.050	0.056	0.059	0.059	23	0.064	0.064	0.064	0.074	0.077	0.077
24	0.050	0.050	0.050	0.056	0.060	0.060	24	0.065	0.065	0.065	0.076	0.079	0.079
25	0.050	0.050	0.050	0.056	0.061	0.061	25	0.066	0.066	0.066	0.079	0.081	0.081
26	0.051	0.051	0.051	0.057	0.063	0.063	26	0.067	0.067	0.067	0.080	0.084	0.084
27	0.052	0.052	0.052	0.059	0.065	0.065	27	0.069	0.069	0.069	0.082	0.087	0.087
28	0.053	0.053	0.053	0.060	0.067	0.067	28	0.070	0.070	0.070	0.084	0.090	0.090
29	0.054	0.054	0.054	0.061	0.069	0.069	29	0.072	0.072	0.072	0.086	0.093	0.093
30	0.055	0.055	0.055	0.063	0.071	0.071	30	0.074	0.074	0.074	0.089	0.097	0.097
31	0.056	0.056	0.056	0.064	0.074	0.074	31	0.076	0.076	0.076	0.091	0.101	0.101
32	0.057	0.057	0.057	0.066	0.077	0.077	32	0.078	0.078	0.078	0.093	0.106	0.106
33	0.059	0.059	0.059	0.068	0.080	0.080	33	0.080	0.080	0.080	0.096	0.111	0.111
34	0.060	0.060	0.060	0.070	0.083	0.083	34	0.082	0.082	0.082	0.099	0.116	0.116
35	0.062	0.062	0.062	0.072	0.087	0.087	35	0.084	0.084	0.084	0.102	0.122	0.122
36	0.063	0.063	0.063	0.074	0.090	0.090	36	0.088	0.088	0.088	0.106	0.127	0.127
37	0.066	0.066	0.066	0.076	0.093	0.093	37	0.091	0.091	0.091	0.111	0.131	0.131
38	0.068	0.068	0.068	0.079	0.097	0.097	38	0.096	0.096	0.096	0.116	0.136	0.136
39	0.070	0.070	0.070	0.082	0.101	0.101	39	0.100	0.100	0.100	0.122	0.141	0.141
40	0.073	0.073	0.073	0.085	0.105	0.105	40	0.105	0.105	0.105	0.128	0.147	0.147
41	0.076	0.076	0.076	0.088	0.110	0.110	41	0.111	0.111	0.111	0.135	0.153	0.153
42	0.080	0.080	0.080	0.091	0.115	0.115	42	0.117	0.117	0.117	0.143	0.159	0.159
43	0.083	0.083	0.083	0.095	0.120	0.120	43	0.124	0.124	0.124	0.152	0.167	0.167
44	0.087	0.087	0.087	0.099	0.126	0.126	44	0.132	0.132	0.132	0.162	0.175	0.175
45	0.092	0.092	0.092	0.104	0.133	0.133	45	0.142	0.142	0.142	0.174	0.183	0.183
46	0.096	0.096	0.096	0.109	0.140	0.140	46	0.151	0.151	0.151	0.182	0.196	0.196
47	0.101	0.101	0.101	0.115	0.147	0.147	47	0.162	0.162	0.162	0.191	0.211	0.211
48	0.106	0.106	0.106	0.121	0.154	0.154	48	0.175	0.175	0.175	0.200	0.228	0.228
49	0.112	0.112	0.112	0.127	0.163	0.163	49	0.190	0.190	0.190	0.211	0.248	0.248
50	0.119	0.119	0.119	0.135	0.173	0.173	50	0.207	0.207	0.207	0.223	0.273	0.273
51	0.124	0.124	0.124	0.139	0.180	0.180	51	0.219	0.219	0.219	0.234	0.289	0.289
52	0.129	0.129	0.129	0.144	0.188	0.188	52	0.233	0.233	0.233	0.247	0.306	0.306
53	0.134	0.134	0.134	0.149	0.197	0.197	53	0.248	0.248	0.248	0.261	0.326	0.326
54	0.140	0.140	0.140	0.155	0.206	0.206	54	0.266	0.266	0.266	0.277	0.349	0.349
55	0.147	0.147	0.147	0.161	0.217	0.217	55	0.286	0.286	0.286	0.296	0.375	0.375
56	0.153	0.153	0.153	0.173	0.236	0.236	56	0.306	0.306	0.306	0.319	0.404	0.404
57	0.161	0.161	0.161	0.188	0.260	0.260	57	0.329	0.329	0.329	0.347	0.438	0.438
58	0.169	0.169	0.169	0.207	0.288	0.288	58	0.355	0.355	0.355	0.380	0.478	0.478
59	0.178	0.178	0.178	0.230	0.325	0.325	59	0.386	0.386	0.386	0.420	0.527	0.527
60	0.189	0.189	0.189	0.260	0.374	0.374	60	0.424	0.424	0.424	0.470	0.586	0.586
61	0.201	0.201	0.201	0.284	0.408	0.408	61	0.454	0.454	0.454	0.512	0.634	0.634
62	0.214	0.214	0.214	0.314	0.450	0.450	62	0.488	0.488	0.488	0.561	0.691	0.691
63	0.229	0.229	0.229	0.351	0.501	0.501	63	0.529	0.529	0.529	0.622	0.758	0.758
64	0.246	0.246	0.246	0.399	0.565	0.565	64	0.576	0.576	0.576	0.697	0.840	0.840
65	0.266	0.266	0.266	0.461	0.648	0.648	65	0.634	0.634	0.634	0.794	0.943	0.943
66	0.293	0.293	0.293	0.501	0.690	0.690	66	0.687	0.687	0.687	0.862	1.004	1.004
67	0.325	0.325	0.325	0.549	0.739	0.739	67	0.749	0.749	0.749	0.944	1.073	1.073
68	0.365	0.365	0.365	0.606	0.795	0.795	68	0.824	0.824	0.824	1.043	1.154	1.154
69	0.416	0.416	0.416	0.677	0.860	0.860	69	0.916	0.916	0.916	1.165	1.247	1.247
70	0.485	0.485	0.485	0.768	0.937	0.937	70	1.031	1.031	1.031	1.320	1.356	1.356
71	0.521	0.521	0.521	0.837	1.015	1.015	71	1.123	1.123	1.123	1.435	1.478	1.478
72	0.563	0.563	0.563	0.920	1.107	1.107	72	1.234	1.234	1.234	1.572	1.623	1.623
73	0.612	0.612	0.612	1.021	1.218	1.218	73	1.369	1.369	1.369	1.739	1.800	1.800
74	0.670	0.670	0.670	1.147	1.354	1.354	74	1.539	1.539	1.539	1.945	2.022	2.022
75	0.741	0.741	0.741	1.309	1.524	1.524	75	1.756	1.756	1.756	2.208	2.307	2.307

* Net amount at risk for this rider is the current Long-Term Care Specified Amount minus your Policy Account value, but not less than zero for Option A.
Net amount at risk for this rider is the current Long-Term Care Specified Amount for Option B

APPENDIX A
 AXA EQUITABLE LIFE INSURANCE COMPANY and MONY LIFE INSURANCE COMPANY OF AMERICA
 ACCELERATED DEATH BENEFIT FOR LONG TERM CARE SERVICES RIDER (with Nonforfeiture)
 CURRENT MONTHLY COST OF INSURANCE RATES PER \$1,000 OF LONG TERM CARE NET AMOUNT AT RISK*
 3% BENEFIT PERCENTAGE

Issue Age	Male						Issue Age	Female					
	Non-Smoker				Smoker			Non-Smoker				Smoker	
	Preferred Elite	Preferred	Standard Plus	Standard	Preferred	Standard		Preferred Elite	Preferred	Standard Plus	Standard	Preferred	Standard
20	0.053	0.053	0.053	0.060	0.064	0.064	20	0.067	0.067	0.067	0.073	0.077	0.077
21	0.054	0.054	0.054	0.060	0.065	0.065	21	0.067	0.067	0.067	0.075	0.079	0.079
22	0.054	0.054	0.054	0.060	0.065	0.065	22	0.068	0.068	0.068	0.077	0.080	0.080
23	0.054	0.054	0.054	0.060	0.066	0.066	23	0.068	0.068	0.068	0.078	0.082	0.082
24	0.054	0.054	0.054	0.061	0.067	0.067	24	0.069	0.069	0.069	0.080	0.084	0.084
25	0.054	0.054	0.054	0.061	0.068	0.068	25	0.069	0.069	0.069	0.082	0.086	0.086
26	0.056	0.056	0.056	0.062	0.070	0.070	26	0.071	0.071	0.071	0.084	0.089	0.089
27	0.057	0.057	0.057	0.064	0.072	0.072	27	0.073	0.073	0.073	0.086	0.092	0.092
28	0.058	0.058	0.058	0.066	0.075	0.075	28	0.074	0.074	0.074	0.088	0.095	0.095
29	0.060	0.060	0.060	0.068	0.077	0.077	29	0.076	0.076	0.076	0.091	0.098	0.098
30	0.061	0.061	0.061	0.070	0.080	0.080	30	0.078	0.078	0.078	0.093	0.102	0.102
31	0.063	0.063	0.063	0.072	0.083	0.083	31	0.080	0.080	0.080	0.096	0.107	0.107
32	0.064	0.064	0.064	0.074	0.087	0.087	32	0.082	0.082	0.082	0.098	0.111	0.111
33	0.066	0.066	0.066	0.077	0.091	0.091	33	0.085	0.085	0.085	0.101	0.116	0.116
34	0.068	0.068	0.068	0.079	0.095	0.095	34	0.087	0.087	0.087	0.104	0.122	0.122
35	0.070	0.070	0.070	0.082	0.100	0.100	35	0.090	0.090	0.090	0.107	0.129	0.129
36	0.073	0.073	0.073	0.085	0.103	0.103	36	0.093	0.093	0.093	0.112	0.133	0.133
37	0.075	0.075	0.075	0.087	0.107	0.107	37	0.097	0.097	0.097	0.117	0.137	0.137
38	0.078	0.078	0.078	0.091	0.111	0.111	38	0.102	0.102	0.102	0.122	0.142	0.142
39	0.081	0.081	0.081	0.094	0.116	0.116	39	0.106	0.106	0.106	0.128	0.148	0.148
40	0.084	0.084	0.084	0.097	0.121	0.121	40	0.112	0.112	0.112	0.134	0.153	0.153
41	0.088	0.088	0.088	0.101	0.126	0.126	41	0.117	0.117	0.117	0.142	0.160	0.160
42	0.092	0.092	0.092	0.106	0.132	0.132	42	0.124	0.124	0.124	0.150	0.166	0.166
43	0.097	0.097	0.097	0.110	0.139	0.139	43	0.131	0.131	0.131	0.159	0.174	0.174
44	0.102	0.102	0.102	0.115	0.146	0.146	44	0.140	0.140	0.140	0.170	0.182	0.182
45	0.107	0.107	0.107	0.121	0.154	0.154	45	0.150	0.150	0.150	0.182	0.191	0.191
46	0.112	0.112	0.112	0.127	0.162	0.162	46	0.160	0.160	0.160	0.191	0.204	0.204
47	0.118	0.118	0.118	0.134	0.171	0.171	47	0.171	0.171	0.171	0.200	0.219	0.219
48	0.125	0.125	0.125	0.141	0.180	0.180	48	0.184	0.184	0.184	0.211	0.237	0.237
49	0.132	0.132	0.132	0.150	0.191	0.191	49	0.200	0.200	0.200	0.222	0.258	0.258
50	0.140	0.140	0.140	0.159	0.203	0.203	50	0.218	0.218	0.218	0.235	0.283	0.283
51	0.145	0.145	0.145	0.164	0.212	0.212	51	0.231	0.231	0.231	0.247	0.299	0.299
52	0.151	0.151	0.151	0.170	0.221	0.221	52	0.246	0.246	0.246	0.261	0.317	0.317
53	0.158	0.158	0.158	0.176	0.231	0.231	53	0.262	0.262	0.262	0.276	0.337	0.337
54	0.165	0.165	0.165	0.182	0.243	0.243	54	0.281	0.281	0.281	0.293	0.359	0.359
55	0.172	0.172	0.172	0.189	0.255	0.255	55	0.303	0.303	0.303	0.312	0.385	0.385
56	0.180	0.180	0.180	0.201	0.273	0.273	56	0.323	0.323	0.323	0.337	0.415	0.415
57	0.189	0.189	0.189	0.214	0.294	0.294	57	0.347	0.347	0.347	0.366	0.450	0.450
58	0.199	0.199	0.199	0.229	0.319	0.319	58	0.374	0.374	0.374	0.400	0.492	0.492
59	0.210	0.210	0.210	0.247	0.349	0.349	59	0.406	0.406	0.406	0.442	0.543	0.543
60	0.223	0.223	0.223	0.268	0.386	0.386	60	0.444	0.444	0.444	0.495	0.605	0.605
61	0.240	0.240	0.240	0.293	0.421	0.421	61	0.476	0.476	0.476	0.538	0.654	0.654
62	0.260	0.260	0.260	0.323	0.463	0.463	62	0.511	0.511	0.511	0.590	0.711	0.711
63	0.284	0.284	0.284	0.361	0.515	0.515	63	0.553	0.553	0.553	0.653	0.780	0.780
64	0.313	0.313	0.313	0.409	0.580	0.580	64	0.603	0.603	0.603	0.732	0.864	0.864
65	0.348	0.348	0.348	0.472	0.664	0.664	65	0.663	0.663	0.663	0.832	0.967	0.967
66	0.376	0.376	0.376	0.514	0.708	0.708	66	0.718	0.718	0.718	0.904	1.030	1.030
67	0.408	0.408	0.408	0.563	0.760	0.760	67	0.783	0.783	0.783	0.989	1.100	1.100
68	0.446	0.446	0.446	0.623	0.818	0.818	68	0.862	0.862	0.862	1.092	1.182	1.182
69	0.492	0.492	0.492	0.697	0.887	0.887	69	0.958	0.958	0.958	1.219	1.276	1.276
70	0.550	0.550	0.550	0.792	0.969	0.969	70	1.078	1.078	1.078	1.380	1.388	1.388

* Net amount at risk for this rider is the current Long-Term Care Specified Amount minus your Policy Account value, but not less than zero for Option A.
 Net amount at risk for this rider is the current Long-Term Care Specified Amount for Option B

APPENDIX A
 AXA EQUITABLE LIFE INSURANCE COMPANY and MONY LIFE INSURANCE COMPANY OF AMERICA
 ACCELERATED DEATH BENEFIT FOR LONG TERM CARE SERVICES RIDER (with Nonforfeiture)
 GUARANTEED MONTHLY COST OF INSURANCE RATES PER \$1,000 OF
 LONG TERM CARE NET AMOUNT AT RISK*

Issue Age	Male		Issue Age	Female	
	Non-Smoker	Smoker		Non-Smoker	Smoker
20	0.300	0.337	20	0.254	0.288
21	0.311	0.349	21	0.263	0.299
22	0.322	0.362	22	0.272	0.310
23	0.333	0.375	23	0.283	0.321
24	0.346	0.389	24	0.293	0.332
25	0.358	0.403	25	0.303	0.344
26	0.373	0.419	26	0.315	0.359
27	0.387	0.435	27	0.329	0.373
28	0.403	0.452	28	0.341	0.389
29	0.419	0.470	29	0.356	0.405
30	0.436	0.488	30	0.371	0.421
31	0.452	0.506	31	0.384	0.437
32	0.469	0.526	32	0.397	0.453
33	0.487	0.546	33	0.412	0.469
34	0.505	0.568	34	0.427	0.487
35	0.525	0.590	35	0.442	0.504
36	0.545	0.612	36	0.459	0.524
37	0.566	0.636	37	0.477	0.546
38	0.588	0.660	38	0.496	0.568
39	0.611	0.684	39	0.516	0.592
40	0.634	0.710	40	0.536	0.616
41	0.661	0.739	41	0.558	0.640
42	0.688	0.770	42	0.580	0.665
43	0.716	0.801	43	0.605	0.691
44	0.746	0.835	44	0.630	0.717
45	0.777	0.870	45	0.657	0.745
46	0.808	0.905	46	0.684	0.776
47	0.842	0.942	47	0.713	0.808
48	0.876	0.980	48	0.743	0.842
49	0.913	1.020	49	0.775	0.878
50	0.951	1.062	50	0.809	0.916
51	0.990	1.104	51	0.841	0.954
52	1.030	1.150	52	0.876	0.993
53	1.071	1.197	53	0.913	1.034
54	1.116	1.245	54	0.951	1.077
55	1.162	1.296	55	0.992	1.123
56	1.208	1.347	56	1.035	1.170
57	1.258	1.401	57	1.079	1.220
58	1.310	1.457	58	1.126	1.273
59	1.363	1.515	59	1.175	1.328
60	1.419	1.577	60	1.228	1.386
61	1.470	1.636	61	1.283	1.446
62	1.531	1.694	62	1.341	1.509
63	1.598	1.765	63	1.404	1.575
64	1.671	1.841	64	1.470	1.647
65	1.757	1.946	65	1.541	1.722
66	1.834	2.027	66	1.612	1.794
67	1.916	2.110	67	1.686	1.869
68	2.002	2.198	68	1.766	1.947
69	2.093	2.291	69	1.850	2.030
70	2.192	2.389	70	1.942	2.118
71	2.277	2.472	71	2.019	2.200
72	2.380	2.580	72	2.114	2.298
73	2.489	2.694	73	2.216	2.404
74	2.606	2.815	74	2.324	2.515
75	2.732	2.944	75	2.442	2.636

* Net amount at risk for this rider is the current Long-Term Care Specified Amount minus your Policy Account value, but not less than zero for Option A.
 Net amount at risk for this rider is the current Long-Term Care Specified Amount for Option B

SERFF Tracking Number: ELAS-128144834 State: Arkansas
 Filing Company: MONY Life Insurance Company of America State Tracking Number:
 Company Tracking Number:
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
 Product Name: Accelerated Death Benefit for Long-Term Care Services
 Project Name/Number: Long-Term Care Refresh/R12-10

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	03/07/2012
Comments: Attached is the signed readability certification.		
Attachment: MLOA AR Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved	03/07/2012
Comments: The submitted rider will be applied for on the submitted application questionnaire and used with previously approved application AXA-Life-2011AR, approved by your department on October 26, 2011, SERFF Tracking Number ELAS-127720416, State Tracking Number 50092.		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved	06/11/2012
Comments: Attached are the actuarial basis memoranda that pertains to this submission. The Actuarial Basis Memorandum (with NFF) has been revised.		
Attachments: LTCSR ABM Generic MLOA.pdf LTCSR ABM wNFF Generic MLOAv2.pdf		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved	03/07/2012
Comments: Please see the Outline of Coverage which is attached under the Form Schedule tab.		

SERFF Tracking Number: ELAS-128144834 State: Arkansas
Filing Company: MONY Life Insurance Company of America State Tracking Number:
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: Accelerated Death Benefit for Long-Term Care Services
Project Name/Number: Long-Term Care Refresh/R12-10

	Item Status:	Status Date:
Satisfied - Item: LTC Partnership Certification	Approved	03/07/2012
Comments: Please see the attached.		
Attachment: MLOA AR Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Policy Information Pages	Approved	03/07/2012
Comments: Attached are the policy information pages, Page 3's, for each of the policies on which we will attach the submitted rider.		
Attachments: IL Legacy II Policy Form - Male Std 35 -- Non-ICC.pdf IL Legacy II Policy Form - Male Std 35 with NFF -- Non-ICC.pdf IUL Page 3 MSNS 35 -- Non-ICC.pdf IUL Page 3 MSNS 35 with NFF -- Non-ICC.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved	03/07/2012
Comments: Attached is the Statement of Variability for the submitted rider and application questionnaire.		
Attachment: Statement of Variability Non-ICC.pdf		

MONY Life Insurance Company of America

CERTIFICATION OF READABILITY

MONY Life Insurance Company of America has reviewed the enclosed forms and certifies that the forms meet the minimum Flesch Scale Readability requirements of Arkansas.

FORM

R12-10

AXA-LTC-2012

OLC-LTC (2012)

SCORE

65.56

58.90

69.36

BY:

_____
Signature_____
Leah Tomberlin_____
Name_____
Vice President_____
Title_____
March 7, 2012_____
Date

Appendix A

Solicitation Disclosure Form Important Consumer Information Regarding the Arkansas Long-Term Care Insurance Partnership Program

Some long-term care insurance policies [certificates] sold in Arkansas may qualify for the Arkansas Long-Term Care Insurance Partnership Program (the Partnership Program). The Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning their long-term care needs. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies [certificates] that qualify as Partnership Policies [Certificates] may protect the policyholder's [certificate holder's] assets through a feature known as "Asset Disregard" under Arkansas Medicaid program.

Asset Disregard means that an amount of the policyholder's [certificate holder's] assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy [Certificate] will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy [Certificate] without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply. Asset Disregard is not available under a long-term care insurance policy [certificate] that is not a Partnership Policy [Certificate]. Therefore, you should consider whether Asset Disregard is important to you, and whether a Partnership Policy meets your needs. ***The purchase of a Partnership Policy does not automatically qualify you for Medicaid.***

What are the Requirements for a Partnership Policy [Certificate]. In order for a policy [certificate] to qualify as a Partnership Policy [Certificate], it must, among other requirements:

- be issued to an individual after January 1, 2008;
- cover an individual who was an Arkansas resident when coverage first becomes effective under the policy;
- be a tax-qualified policy under Section 7702(B)(b) of the Internal Revenue Code of 1986;
- meet stringent consumer protection standards; and,
- must provide annual inflation protection for ages 75 and younger.

If you apply and are approved for long-term care insurance coverage, [carrier name] will provide you with written documentation as to whether your policy [certificate] qualifies as a Partnership Policy [Certificate].

What Could Disqualify a Policy [Certificate] as a Partnership Policy. Certain types of changes to a Partnership Policy [Certificate] could affect whether such policy [certificate] continues to be a Partnership Policy [Certificate]. If you purchase a Partnership Policy [Certificate] and later decide to make *any* changes, you should first consult with [carrier name] to determine the effect of a proposed change. In addition, if you move to a state that does not maintain a Partnership Program or does not recognize your policy [certificate] as a Partnership Policy [Certificate], you would not receive beneficial treatment of your policy [certificate] under the Medicaid program of that state. The information contained in this disclosure is based on current Arkansas and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy [certificate] under Arkansas's Medicaid program.

Additional Information. If you have questions regarding long-term care insurance policies [certificates] please contact [carrier name.] If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

Appendix B

Policy Disclosure Form

Important Information Regarding Your Policy's [Certificate's] Long-Term Care Insurance Partnership Status

This disclosure notice is issued in conjunction with your long-term care policy:

Some long-term care insurance policies [certificates] sold in Arkansas qualify for the Arkansas Long-Term Care Insurance Partnership Program. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies [certificates] that qualify as Partnership Policies [Certificates] may be entitled to special treatment, and in particular an "Asset Disregard," under Arkansas's Medicaid program.

Asset Disregard means that an amount of the policyholder's [certificate holder's] assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy [Certificates] will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy [Certificate] without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply. Asset Disregard is **not** available under a long-term care insurance policy [certificate] that is not a Partnership Policy [Certificate]. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

Partnership Policy [Certificate] Status. Your long-term care insurance policy [certificate] is intended to qualify as a Partnership Policy [Certificate] under the *Arkansas Long-Term Care Partnership Program* as of your Policy's [Certificate's] effective date.

What Could Disqualify Your Policy [Certificate] as a Partnership Policy. If you make any changes to your policy [certificate], such changes could affect whether your policy [certificate] continues to be a Partnership Policy. ***Before you make any changes, you should consult with [insert name of carrier] to determine the effect of a proposed change.*** In addition, if you move to a State that does not maintain a Partnership Program or does not recognize your policy [certificate] as a Partnership Policy [Certificate], you would not receive beneficial treatment of your policy [certificate] under the Medicaid program of that State. The information contained in this Notice is based on current State and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy [certificate] under Arkansas's Medicaid program.

Additional Information. If you have questions regarding your insurance policy [certificate] please contact [insert name of carrier.] If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

This form and all benefit statements received should be kept with your policy.

APPENDIX C
ISSUER CERTIFICATION FORM
(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

MONY Life Insurance Company of America
1290 Avenue of the Americas, Mail Drop 13-17, New York, NY 10104
(212) 314-3068

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

Leah Tomberlin, Vice President
MONY Life Insurance Company of America, 1290 Avenue of the Americas, New York, NY 10104
(212) 314-3068 leah.tomberlin@axa-equitable.com

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

R12-10, AXA-LTC-2012 and OLC-LTC (2012)

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

- A.** I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B.** I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on {insert issuer name's} behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C.** I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

March 7, 2012

Date

Leah Tomberlin, Vice President

Name and title of officer of the Issuer

Leah Tomberlin

Signature of officer of the Issuer

Digitally signed by Leah Tomberlin
DN: cn=Leah Tomberlin, o=AXA Equitable Life Insurance Company, ou=Policy
Forms/State Filing, email=leah.tomberlin@axa-equitable.com, c=US
Date: 2012.03.07 13:16:19 -0500

POLICY INFORMATION

INSURED PERSON	RICHARD ROE	
POLICY OWNER	RICHARD ROE	
FACE AMOUNT OF BASE POLICY	\$1,000,000	
DEATH BENEFIT	OPTION A	SEPARATE ACCOUNT L
POLICY NUMBER	XX XXX XXX	ISSUE AGE 35
BENEFICIARY	MARGARET H. ROE	SEX MALE
REGISTER DATE	JUNE 1, 2012	RATING CLASS STANDARD NON-TOBACCO USER
DATE OF ISSUE	JUNE 1, 2012	

THE LIFE INSURANCE QUALIFICATION TEST IS THE GUIDELINE PREMIUM TEST

THE MINIMUM BASE POLICY FACE AMOUNT IS \$100,000.

A MINIMUM INITIAL PREMIUM PAYMENT OF \$802.17 IS DUE ON OR BEFORE DELIVERY OF THE POLICY. EACH PREMIUM PAYMENT THEREAFTER MUST BE AT LEAST \$50.00.

THE PLANNED PERIODIC PREMIUM OF \$ 200.00 IS PAYABLE QUARTERLY

THE MINIMUM GUARANTEED INTEREST RATE WE CREDIT TO THE PORTION OF YOUR POLICY ACCOUNT THAT IS IN OUR GIA IS 2% PER YEAR.

THE NO LAPSE GUARANTEE PERIOD IS 10 YEARS FROM THE REGISTER DATE. SEE THE NO LAPSE GUARANTEE PROVISION.

THE NO LAPSE GUARANTEE ACCUMULATION RATE: NONE

SEE PAGE 3 -- CONTINUED FOR THE TABLE OF GUARANTEE PREMIUMS

THE MAXIMUM AGE FOR A BASE POLICY FACE AMOUNT INCREASE OR A CHANGE TO DEATH BENEFIT OPTION B IS ATTAINED AGE 85 OF THE INSURED PERSON. THE MAXIMUM AGE MAY VARY BASED ON THE RATING CLASS OF THE INSURED PERSON AT THE TIME OF SUCH INCREASE OR CHANGE TO OPTION B.

THE PLANNED PERIODIC PREMIUMS SHOWN ABOVE MAY NOT BE SUFFICIENT TO CONTINUE THE POLICY AND LIFE INSURANCE COVERAGE IN FORCE. THE PERIOD FOR WHICH THE POLICY AND COVERAGE WILL CONTINUE IN FORCE WILL DEPEND ON: (1) THE AMOUNT, TIMING AND FREQUENCY OF PREMIUM PAYMENTS; (2) CHANGES IN THE FACE AMOUNT AND THE DEATH BENEFIT OPTION; (3) CHANGES IN THE INTEREST RATES CREDITED TO OUR GIA AND THE INVESTMENT PERFORMANCE OF THE INVESTMENT FUNDS OF OUR SA; (4) CHANGES IN THE MONTHLY DEDUCTIONS FROM THE POLICY ACCOUNT FOR THIS POLICY AND ANY BENEFITS PROVIDED BY RIDERS TO THIS POLICY; (5) CHANGES IN DEDUCTIONS FROM PREMIUM PAYMENTS; AND (6) LOAN AND PARTIAL NET CASH SURRENDER VALUE WITHDRAWAL ACTIVITY.

HOWEVER, THIS POLICY IS GUARANTEED NOT TO LAPSE DURING THE NO LAPSE GUARANTEE PERIOD, SUBJECT TO THE NO LAPSE GUARANTEE PROVISION THAT IS PART OF THIS POLICY. SEE THE NO LAPSE GUARANTEE PROVISION FOR FURTHER DETAILS.

IL LEGACY II

_____TABLE OF ADDITIONAL BENEFIT RIDERS_____

THE ADDITIONAL BENEFIT RIDERS LISTED BELOW ARE INCLUDED IN THIS POLICY:

LONG-TERM CARE SERVICES RIDER

INITIAL LONG TERM CARE SPECIFIED AMOUNT	\$1,000,000
ACCELERATION PERCENTAGE	100%
BENEFIT PERCENTAGE	2%
INITIAL MAXIMUM MONTHLY BENEFIT	\$20,000.00

POLICY INFORMATION CONTINUED - POLICY NUMBER XX XXX XXX

-----TABLE OF GUARANTEE PREMIUMS-----

<u>BENEFITS</u>	<u>MONTHLY PREMIUM</u>	<u>PREMIUM PERIOD</u>
NO LAPSE GUARANTEE	\$242.40	FIRST 10 YEARS
NO LAPSE GUARANTEE PREMIUM FOR LONG-TERM CARE SERVICES RIDER	\$24.99	FIRST 10 YEARS

YOU CAN, WITHIN LIMITS, MAKE PREMIUM PAYMENTS AT ANY TIME AND IN ANY AMOUNT. HOWEVER, THE MONTHLY PREMIUMS SHOWN ABOVE ARE USED TO DETERMINE WHETHER THE NO LAPSE GUARANTEE IS IN EFFECT AS DESCRIBED IN THE GRACE PERIOD PROVISION OF THIS POLICY.

IF THE NET POLICY ACCOUNT VALUE AT THE TERMINATION OF THE NO LAPSE GUARANTEE PERIOD SHOWN ABOVE IS NOT SUFFICIENT TO COVER TOTAL MONTHLY DEDUCTIONS DUE AT THAT TIME, THIS POLICY WILL TERMINATE WITHOUT VALUE UNLESS AN ADDITIONAL PAYMENT IS MADE.

IL LEGACY II

POLICY INFORMATION CONTINUED--POLICY NUMBER XX XXX XXX

-----TABLE OF MAXIMUM DEDUCTIONS FROM PREMIUM PAYMENTS-----

PREMIUM CHARGE:

WE DEDUCT AN AMOUNT NOT TO EXCEED 8% FROM EACH PREMIUM PAYMENT.

ADMINISTRATIVE OFFICE:

MONY LIFE INSURANCE COMPANY OF AMERICA
NATIONAL OPERATIONS CENTER
10840 BALLANTYNE COMMONS PARKWAY
CHARLOTTE, NC 28277
(800) 777-6510

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX
TABLE OF MAXIMUM MONTHLY DEDUCTIONS FROM YOUR POLICY ACCOUNT

BASE POLICY COST OF INSURANCE CHARGE	MAXIMUM MONTHLY COST OF INSURANCE RATE FOR THE BASE POLICY (SEE PAGE 4) TIMES THOUSANDS OF BASE POLICY NET AMOUNT AT RISK.	86 YEARS
VARIABLE INDEX SEGMENT ACCOUNT CHARGE	AN AMOUNT NOT TO EXCEED [.1375%] 3 EACH POLICY MONTH OF EACH SEGMENT ACCOUNT WHILE ANY SEGMENT IS IN EFFECT.	ALL YEARS
MORTALITY AND EXPENSE RISK CHARGE	AN AMOUNT NOT TO EXCEED 0.07083% EACH POLICY MONTH OF THE AMOUNT OF YOUR POLICY ACCOUNT THAT IS THEN ALLOCATED TO THE INVESTMENT FUNDS OF OUR SEPARATE ACCOUNT.	ALL YEARS
ADMINISTRATIVE CHARGE	EACH POLICY MONTH DURING THE FIRST POLICY YEAR: \$0.04000 FOR EACH \$1,000 OF INITIAL BASE POLICY FACE AMOUNT PLUS \$20.00.	1 YEAR
	EACH POLICY MONTH DURING THE SECOND AND SUBSEQUENT POLICY YEARS: \$0.04000 FOR EACH \$1,000 OF INITIAL BASE POLICY FACE AMOUNT PLUS \$15.00.	85 YEARS
	EACH POLICY YEAR FOLLOWING AN APPROVED REQUESTED FACE AMOUNT INCREASE, WE DEDUCT AT THE BEGINNING OF EACH POLICY MONTH A FIXED AMOUNT FOR EACH \$1,000 OF FACE AMOUNT INCREASE THAT EXCEEDS THE PREVIOUS HIGHEST FACE AMOUNT. THIS AMOUNT IS DETERMINED BASED ON THE ATTAINED AGE, SEX, AND RATING CLASS OF THE INSURED PERSON ON THE EFFECTIVE DATE OF THE INCREASE. CHANGES IN THE BASE POLICY FACE AMOUNT RESULTING FROM A CHANGE IN DEATH BENEFIT OPTION WILL NOT BE CONSIDERED IN COMPUTING THE PREVIOUS HIGHEST FACE AMOUNT.	TO ATTAINED AGE 121 AS MEASURED FROM THE EFFECTIVE DATE OF INCREASE, IF APPLICABLE

IL LEGACY II

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX
TABLE OF MAXIMUM MONTHLY DEDUCTIONS FROM YOUR POLICY ACCOUNT

LONG-TERM CARE
SERVICES RIDER

\$0.491000
TIMES THOUSANDS OF NET AMOUNT
AT RISK FOR LONG TERM CARE

85 YEARS

POLICY INFORMATION CONTINUED - POLICY NUMBER XX XXX XXX.

-----TABLE OF MAXIMUM MONTHLY COST OF INSURANCE RATES-----
PER \$1,000 OF BASE POLICY NET AMOUNT AT RISK

INSURED PERSON'S		INSURED PERSON'S		INSURED PERSON'S	
<u>ATTAINED</u> <u>AGE</u>	<u>RATE</u>	<u>ATTAINED</u> <u>AGE</u>	<u>RATE</u>	<u>ATTAINED</u> <u>AGE</u>	<u>RATE</u>
35	0.09083	65	1.29833	95	25.57250
36	0.09583	66	1.42833	96	27.43167
37	0.10000	67	1.56000	97	29.45750
38	0.10750	68	1.70333	98	31.67250
39	0.11417	69	1.85083	99	34.09917
40	0.12167	70	2.03083	100	36.77083
41	0.13167	71	2.23167	101	38.95083
42	0.14417	72	2.49667	102	41.33500
43	0.15833	73	2.77750	103	43.94583
44	0.17500	74	3.07333	104	46.81250
45	0.19417	75	3.39833	105	49.92500
46	0.21250	76	3.75333	106	53.36250
47	0.23250	77	4.16833	107	57.17333
48	0.24417	78	4.65417	108	61.41833
49	0.25750	79	5.21917	109	66.17250
50	0.27667	80	5.83917	110	71.52917
51	0.29917	81	6.55083	111	77.61667
52	0.33000	82	7.29750	112	83.33250
53	0.36333	83	8.10917	113	83.33250
54	0.40667	84	9.01667	114	83.33250
55	0.45917	85	10.04167	115	83.33250
56	0.51250	86	11.19167	116	83.33250
57	0.57083	87	12.46500	117	83.33250
58	0.62000	88	13.84917	118	83.33250
59	0.67750	89	15.33333	119	83.33250
60	0.74583	90	34.32167	120	83.33250
61	0.83000	91	37.75417	121 AND	00.00000
62	0.93250	92	41.48167	ABOVE	
63	1.04833	93	45.59417		
64	1.16917	94	50.16167		

POLICY INFORMATION CONTINUED-POLICY NUMBER XX XXX XXX

-----TABLE OF SURRENDER CHARGES-----
FOR THE INITIAL BASE POLICY FACE AMOUNT

BEGINNING OF POLICY <u>YEAR</u>	<u>CHARGE</u>	BEGINNING OF POLICY <u>YEAR</u>	<u>CHARGE</u>
1	\$ 17,311.21	9	\$ 11,134.29
2	17,205.30	10	9,711.48
3	17,094.16	11	8,230.59
4	16,938.20	12	6,688.78
5	16,293.56	13	5,082.47
6	15,079.18	14	3,408.59
7	13,815.95	15	1,662.92
8	12,501.63	16 AND LATER	0.00

A SURRENDER CHARGE WILL BE DEDUCTED FROM YOUR POLICY ACCOUNT IF THIS POLICY IS GIVEN UP FOR ITS NET CASH SURRENDER VALUE WITHIN THE FIRST FIFTEEN POLICY YEARS. THE SURRENDER CHARGE IN THE FIRST POLICY MONTH OF EACH POLICY YEAR IS SHOWN IN THE TABLE ABOVE. THE SURRENDER CHARGE DECLINES UNIFORMLY IN EQUAL MONTHLY AMOUNTS WITHIN EACH POLICY YEAR UNTIL IT REACHES ZERO IN THE TWELFTH MONTH OF POLICY YEAR FIFTEEN.

THIS TABLE ASSUMES NO FACE AMOUNT INCREASES. ADDITIONAL SURRENDER CHARGES MAY APPLY FOR CERTAIN FACE AMOUNT INCREASES. SEE THE "SURRENDER CHARGES" PROVISION OF THIS POLICY FOR A DESCRIPTION OF CHANGES TO SURRENDER CHARGES FOR FACE AMOUNT INCREASES.

IF THE BASE POLICY FACE AMOUNT IS REDUCED WITHIN THE FIRST FIFTEEN POLICY YEARS OR WITHIN FIFTEEN YEARS FOLLOWING A FACE AMOUNT INCREASE, A SURRENDER CHARGE WILL BE DEDUCTED FROM YOUR POLICY ACCOUNT. SEE THE "SURRENDER CHARGES" PROVISION OF THIS POLICY FOR A DESCRIPTION OF THE SURRENDER CHARGE DEDUCTED FOR A FACE AMOUNT REDUCTION.

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POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX
TABLE OF PERCENTAGES

<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>
40 and under	250%	61	128%
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215	66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185	71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150	91	104
56	146	92	103
57	142	93	102
58	138	94 and above	101
59	134		
60	130		

Section 7702 of the Internal Revenue Code of 1986, as amended (i.e., the “Code”), gives a definition of life insurance which limits the amounts that may be paid into a life insurance policy relative to the benefits it provides. Even if this policy states otherwise, at no time will the “future benefits” under this policy be less than an amount such that the “premiums paid” do not exceed the Code’s “guideline premium limitations.” We may adjust the amount of premium paid to meet these limitations. Also, at no time will the “death benefit” under the policy be less than the “applicable percentage” of the “cash surrender value” of the policy. The above terms are as defined in the Code. In addition, we may take certain actions, described here and elsewhere in the policy, to meet the definitions and limitations in the Code, based on our interpretation of the Code. Please see “Policy Changes —Applicable Tax Law” for more information.

IL LEGACY II

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX

TABLE OF PERCENTAGES

<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>
35	488.8%	55	248.8%	75	145.9%
36	471.9	56	241.1	76	142.8
37	455.7	57	233.8	77	139.9
38	440.0	58	226.9	78	137.2
39	424.9	59	220.2	79	134.6
40	410.4	60	213.7	80	132.2
41	396.3	61	207.5	81	129.9
42	382.8	62	201.7	82	127.8
43	369.9	63	196.1	83	125.8
44	357.4	64	190.8	84	123.9
45	345.5	65	185.7	85	122.1
46	334.1	66	180.9	86	120.5
47	323.1	67	176.3	87	119.0
48	312.6	68	171.9	88	117.6
49	302.4	69	167.7	89	116.3
50	292.6	70	163.6	90	115.1
51	283.1	71	159.7	91	114.0
52	274.0	72	156.0	92	113.0
53	265.2	73	152.4	93	112.0
54	256.8	74	149.1	94	110.9
50	292.6	70	163.6	95	109.8
51	283.1	71	159.7	96	108.7
52	274.0	72	156.0	97	107.3
53	265.2	73	152.4	98	105.6
54	256.8	74	149.1	99	103.3
				100 AND ABOVE	101.0

This policy is designed to satisfy the definition of life insurance for Federal income tax purposes under Section 7702 of the Internal Revenue Code of 1986, as amended (i.e., the "Code"). Accordingly, even if this policy states otherwise, at no time will the death benefits under the policy be less than the cash surrender value of the policy, divided by the net single premium per dollar of insurance which would have to be paid at such time to fund such benefits consistent with the definition of such terms in the Code. At no time will the "death benefit" under the policy be less than the applicable percentage of the "cash surrender value" of the policy. In addition, we may take certain actions, described here and elsewhere in the policy, to meet the definitions and limitations in the Code, based on our interpretation of the Code. Please see "Policy Changes – Applicable Tax Law" for more information.

(NOTE: THIS IS THE POLICY INFORMATION PAGE THAT WILL BE GENERATED IF THE CASH VALUE
ACCUMULATION TEST IS SELECTED AT ISSUE)

IL LEGACY II

POLICY INFORMATION

INSURED PERSON	RICHARD ROE	
POLICY OWNER	RICHARD ROE	
FACE AMOUNT OF BASE POLICY	\$1,000,000	
DEATH BENEFIT	OPTION A	SEPARATE ACCOUNT L
POLICY NUMBER	XX XXX XXX	ISSUE AGE 35
BENEFICIARY	MARGARET H. ROE	SEX MALE
REGISTER DATE	JUNE 1, 2012	RATING CLASS STANDARD NON-TOBACCO USER
DATE OF ISSUE	JUNE 1, 2012	

THE LIFE INSURANCE QUALIFICATION TEST IS THE GUIDELINE PREMIUM TEST

THE MINIMUM BASE POLICY FACE AMOUNT IS \$100,000.

A MINIMUM INITIAL PREMIUM PAYMENT OF \$802.17 IS DUE ON OR BEFORE DELIVERY OF THE POLICY. EACH PREMIUM PAYMENT THEREAFTER MUST BE AT LEAST \$50.00.

THE PLANNED PERIODIC PREMIUM OF \$ 200.00 IS PAYABLE QUARTERLY

THE MINIMUM GUARANTEED INTEREST RATE WE CREDIT TO THE PORTION OF YOUR POLICY ACCOUNT THAT IS IN OUR GIA IS 2% PER YEAR.

THE NO LAPSE GUARANTEE PERIOD IS 10 YEARS FROM THE REGISTER DATE. SEE THE NO LAPSE GUARANTEE PROVISION.

THE NO LAPSE GUARANTEE ACCUMULATION RATE: NONE

SEE PAGE 3 -- CONTINUED FOR THE TABLE OF GUARANTEE PREMIUMS

THE MAXIMUM AGE FOR A BASE POLICY FACE AMOUNT INCREASE OR A CHANGE TO DEATH BENEFIT OPTION B IS ATTAINED AGE 85 OF THE INSURED PERSON. THE MAXIMUM AGE MAY VARY BASED ON THE RATING CLASS OF THE INSURED PERSON AT THE TIME OF SUCH INCREASE OR CHANGE TO OPTION B.

THE PLANNED PERIODIC PREMIUMS SHOWN ABOVE MAY NOT BE SUFFICIENT TO CONTINUE THE POLICY AND LIFE INSURANCE COVERAGE IN FORCE. THE PERIOD FOR WHICH THE POLICY AND COVERAGE WILL CONTINUE IN FORCE WILL DEPEND ON: (1) THE AMOUNT, TIMING AND FREQUENCY OF PREMIUM PAYMENTS; (2) CHANGES IN THE FACE AMOUNT AND THE DEATH BENEFIT OPTION; (3) CHANGES IN THE INTEREST RATES CREDITED TO OUR GIA AND THE INVESTMENT PERFORMANCE OF THE INVESTMENT FUNDS OF OUR SA; (4) CHANGES IN THE MONTHLY DEDUCTIONS FROM THE POLICY ACCOUNT FOR THIS POLICY AND ANY BENEFITS PROVIDED BY RIDERS TO THIS POLICY; (5) CHANGES IN DEDUCTIONS FROM PREMIUM PAYMENTS; AND (6) LOAN AND PARTIAL NET CASH SURRENDER VALUE WITHDRAWAL ACTIVITY.

HOWEVER, THIS POLICY IS GUARANTEED NOT TO LAPSE DURING THE NO LAPSE GUARANTEE PERIOD, SUBJECT TO THE NO LAPSE GUARANTEE PROVISION THAT IS PART OF THIS POLICY. SEE THE NO LAPSE GUARANTEE PROVISION FOR FURTHER DETAILS.

IL LEGACY II

_____TABLE OF ADDITIONAL BENEFIT RIDERS_____

THE ADDITIONAL BENEFIT RIDERS LISTED BELOW ARE INCLUDED IN THIS POLICY:

LONG-TERM CARE SERVICES RIDER WITH NON-FORFEITURE BENEFIT

INITIAL LONG TERM CARE SPECIFIED AMOUNT	\$1,000,000
ACCELERATION PERCENTAGE	100%
BENEFIT PERCENTAGE	2%
INITIAL MAXIMUM MONTHLY BENEFIT	\$20,000.00

POLICY INFORMATION CONTINUED - POLICY NUMBER XX XXX XXX

-----TABLE OF GUARANTEE PREMIUMS-----

<u>BENEFITS</u>	<u>MONTHLY PREMIUM</u>	<u>PREMIUM PERIOD</u>
NO LAPSE GUARANTEE	\$242.40	FIRST 10 YEARS
NO LAPSE GUARANTEE PREMIUM FOR LONG-TERM CARE SERVICES RIDER	\$24.99	FIRST 10 YEARS

YOU CAN, WITHIN LIMITS, MAKE PREMIUM PAYMENTS AT ANY TIME AND IN ANY AMOUNT. HOWEVER, THE MONTHLY PREMIUMS SHOWN ABOVE ARE USED TO DETERMINE WHETHER THE NO LAPSE GUARANTEE IS IN EFFECT AS DESCRIBED IN THE GRACE PERIOD PROVISION OF THIS POLICY.

IF THE NET POLICY ACCOUNT VALUE AT THE TERMINATION OF THE NO LAPSE GUARANTEE PERIOD SHOWN ABOVE IS NOT SUFFICIENT TO COVER TOTAL MONTHLY DEDUCTIONS DUE AT THAT TIME, THIS POLICY WILL TERMINATE WITHOUT VALUE UNLESS AN ADDITIONAL PAYMENT IS MADE.

IL LEGACY II

POLICY INFORMATION CONTINUED--POLICY NUMBER XX XXX XXX

-----TABLE OF MAXIMUM DEDUCTIONS FROM PREMIUM PAYMENTS-----

PREMIUM CHARGE:

WE DEDUCT AN AMOUNT NOT TO EXCEED 8% FROM EACH PREMIUM PAYMENT.

ADMINISTRATIVE OFFICE:

MONY LIFE INSURANCE COMPANY OF AMERICA
NATIONAL OPERATIONS CENTER
10840 BALLANTYNE COMMONS PARKWAY
CHARLOTTE, NC 28277
(800) 777-6510

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX
TABLE OF MAXIMUM MONTHLY DEDUCTIONS FROM YOUR POLICY ACCOUNT

BASE POLICY COST OF INSURANCE CHARGE	MAXIMUM MONTHLY COST OF INSURANCE RATE FOR THE BASE POLICY (SEE PAGE 4) TIMES THOUSANDS OF BASE POLICY NET AMOUNT AT RISK.	86 YEARS
VARIABLE INDEX SEGMENT ACCOUNT CHARGE	AN AMOUNT NOT TO EXCEED [.1375%] 3 EACH POLICY MONTH OF EACH SEGMENT ACCOUNT WHILE ANY SEGMENT IS IN EFFECT.	ALL YEARS
MORTALITY AND EXPENSE RISK CHARGE	AN AMOUNT NOT TO EXCEED 0.07083% EACH POLICY MONTH OF THE AMOUNT OF YOUR POLICY ACCOUNT THAT IS THEN ALLOCATED TO THE INVESTMENT FUNDS OF OUR SEPARATE ACCOUNT.	ALL YEARS
ADMINISTRATIVE CHARGE	EACH POLICY MONTH DURING THE FIRST POLICY YEAR: \$0.04000 FOR EACH \$1,000 OF INITIAL BASE POLICY FACE AMOUNT PLUS \$20.00.	1 YEAR
	EACH POLICY MONTH DURING THE SECOND AND SUBSEQUENT POLICY YEARS: \$0.04000 FOR EACH \$1,000 OF INITIAL BASE POLICY FACE AMOUNT PLUS \$15.00.	85 YEARS
	EACH POLICY YEAR FOLLOWING AN APPROVED REQUESTED FACE AMOUNT INCREASE, WE DEDUCT AT THE BEGINNING OF EACH POLICY MONTH A FIXED AMOUNT FOR EACH \$1,000 OF FACE AMOUNT INCREASE THAT EXCEEDS THE PREVIOUS HIGHEST FACE AMOUNT. THIS AMOUNT IS DETERMINED BASED ON THE ATTAINED AGE, SEX, AND RATING CLASS OF THE INSURED PERSON ON THE EFFECTIVE DATE OF THE INCREASE. CHANGES IN THE BASE POLICY FACE AMOUNT RESULTING FROM A CHANGE IN DEATH BENEFIT OPTION WILL NOT BE CONSIDERED IN COMPUTING THE PREVIOUS HIGHEST FACE AMOUNT.	TO ATTAINED AGE 121 AS MEASURED FROM THE EFFECTIVE DATE OF INCREASE, IF APPLICABLE

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX
TABLE OF MAXIMUM MONTHLY DEDUCTIONS FROM YOUR POLICY ACCOUNT

LONG-TERM CARE
SERVICES RIDER

\$0.525000
TIMES THOUSANDS OF NET AMOUNT
AT RISK FOR LONG TERM CARE

85 YEARS

POLICY INFORMATION CONTINUED - POLICY NUMBER XX XXX XXX.

-----TABLE OF MAXIMUM MONTHLY COST OF INSURANCE RATES-----
PER \$1,000 OF BASE POLICY NET AMOUNT AT RISK

INSURED PERSON'S		INSURED PERSON'S		INSURED PERSON'S	
<u>ATTAINED</u> <u>AGE</u>	<u>RATE</u>	<u>ATTAINED</u> <u>AGE</u>	<u>RATE</u>	<u>ATTAINED</u> <u>AGE</u>	<u>RATE</u>
35	0.09083	65	1.29833	95	25.57250
36	0.09583	66	1.42833	96	27.43167
37	0.10000	67	1.56000	97	29.45750
38	0.10750	68	1.70333	98	31.67250
39	0.11417	69	1.85083	99	34.09917
40	0.12167	70	2.03083	100	36.77083
41	0.13167	71	2.23167	101	38.95083
42	0.14417	72	2.49667	102	41.33500
43	0.15833	73	2.77750	103	43.94583
44	0.17500	74	3.07333	104	46.81250
45	0.19417	75	3.39833	105	49.92500
46	0.21250	76	3.75333	106	53.36250
47	0.23250	77	4.16833	107	57.17333
48	0.24417	78	4.65417	108	61.41833
49	0.25750	79	5.21917	109	66.17250
50	0.27667	80	5.83917	110	71.52917
51	0.29917	81	6.55083	111	77.61667
52	0.33000	82	7.29750	112	83.33250
53	0.36333	83	8.10917	113	83.33250
54	0.40667	84	9.01667	114	83.33250
55	0.45917	85	10.04167	115	83.33250
56	0.51250	86	11.19167	116	83.33250
57	0.57083	87	12.46500	117	83.33250
58	0.62000	88	13.84917	118	83.33250
59	0.67750	89	15.33333	119	83.33250
60	0.74583	90	34.32167	120	83.33250
61	0.83000	91	37.75417	121 AND	00.00000
62	0.93250	92	41.48167	ABOVE	
63	1.04833	93	45.59417		
64	1.16917	94	50.16167		

POLICY INFORMATION CONTINUED-POLICY NUMBER XX XXX XXX

-----TABLE OF SURRENDER CHARGES-----
FOR THE INITIAL BASE POLICY FACE AMOUNT

BEGINNING OF POLICY <u>YEAR</u>	<u>CHARGE</u>	BEGINNING OF POLICY <u>YEAR</u>	<u>CHARGE</u>
1	\$ 17,311.21	9	\$ 11,134.29
2	17,205.30	10	9,711.48
3	17,094.16	11	8,230.59
4	16,938.20	12	6,688.78
5	16,293.56	13	5,082.47
6	15,079.18	14	3,408.59
7	13,815.95	15	1,662.92
8	12,501.63	16 AND LATER	0.00

A SURRENDER CHARGE WILL BE DEDUCTED FROM YOUR POLICY ACCOUNT IF THIS POLICY IS GIVEN UP FOR ITS NET CASH SURRENDER VALUE WITHIN THE FIRST FIFTEEN POLICY YEARS. THE SURRENDER CHARGE IN THE FIRST POLICY MONTH OF EACH POLICY YEAR IS SHOWN IN THE TABLE ABOVE. THE SURRENDER CHARGE DECLINES UNIFORMLY IN EQUAL MONTHLY AMOUNTS WITHIN EACH POLICY YEAR UNTIL IT REACHES ZERO IN THE TWELFTH MONTH OF POLICY YEAR FIFTEEN.

THIS TABLE ASSUMES NO FACE AMOUNT INCREASES. ADDITIONAL SURRENDER CHARGES MAY APPLY FOR CERTAIN FACE AMOUNT INCREASES. SEE THE "SURRENDER CHARGES" PROVISION OF THIS POLICY FOR A DESCRIPTION OF CHANGES TO SURRENDER CHARGES FOR FACE AMOUNT INCREASES.

IF THE BASE POLICY FACE AMOUNT IS REDUCED WITHIN THE FIRST FIFTEEN POLICY YEARS OR WITHIN FIFTEEN YEARS FOLLOWING A FACE AMOUNT INCREASE, A SURRENDER CHARGE WILL BE DEDUCTED FROM YOUR POLICY ACCOUNT. SEE THE "SURRENDER CHARGES" PROVISION OF THIS POLICY FOR A DESCRIPTION OF THE SURRENDER CHARGE DEDUCTED FOR A FACE AMOUNT REDUCTION.

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX
TABLE OF PERCENTAGES

<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>
40 and under	250%	61	128%
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215	66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185	71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150	91	104
56	146	92	103
57	142	93	102
58	138	94 and above	101
59	134		
60	130		

Section 7702 of the Internal Revenue Code of 1986, as amended (i.e., the “Code”), gives a definition of life insurance which limits the amounts that may be paid into a life insurance policy relative to the benefits it provides. Even if this policy states otherwise, at no time will the “future benefits” under this policy be less than an amount such that the “premiums paid” do not exceed the Code’s “guideline premium limitations.” We may adjust the amount of premium paid to meet these limitations. Also, at no time will the “death benefit” under the policy be less than the “applicable percentage” of the “cash surrender value” of the policy. The above terms are as defined in the Code. In addition, we may take certain actions, described here and elsewhere in the policy, to meet the definitions and limitations in the Code, based on our interpretation of the Code. Please see “Policy Changes —Applicable Tax Law” for more information.

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX

TABLE OF PERCENTAGES

<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>
35	488.8%	55	248.8%	75	145.9%
36	471.9	56	241.1	76	142.8
37	455.7	57	233.8	77	139.9
38	440.0	58	226.9	78	137.2
39	424.9	59	220.2	79	134.6
40	410.4	60	213.7	80	132.2
41	396.3	61	207.5	81	129.9
42	382.8	62	201.7	82	127.8
43	369.9	63	196.1	83	125.8
44	357.4	64	190.8	84	123.9
45	345.5	65	185.7	85	122.1
46	334.1	66	180.9	86	120.5
47	323.1	67	176.3	87	119.0
48	312.6	68	171.9	88	117.6
49	302.4	69	167.7	89	116.3
50	292.6	70	163.6	90	115.1
51	283.1	71	159.7	91	114.0
52	274.0	72	156.0	92	113.0
53	265.2	73	152.4	93	112.0
54	256.8	74	149.1	94	110.9
50	292.6	70	163.6	95	109.8
51	283.1	71	159.7	96	108.7
52	274.0	72	156.0	97	107.3
53	265.2	73	152.4	98	105.6
54	256.8	74	149.1	99	103.3
				100 AND ABOVE	101.0

This policy is designed to satisfy the definition of life insurance for Federal income tax purposes under Section 7702 of the Internal Revenue Code of 1986, as amended (i.e., the "Code"). Accordingly, even if this policy states otherwise, at no time will the death benefits under the policy be less than the cash surrender value of the policy, divided by the net single premium per dollar of insurance which would have to be paid at such time to fund such benefits consistent with the definition of such terms in the Code. At no time will the "death benefit" under the policy be less than the applicable percentage of the "cash surrender value" of the policy. In addition, we may take certain actions, described here and elsewhere in the policy, to meet the definitions and limitations in the Code, based on our interpretation of the Code. Please see "Policy Changes – Applicable Tax Law" for more information.

(NOTE: THIS IS THE POLICY INFORMATION PAGE THAT WILL BE GENERATED IF THE CASH VALUE
ACCUMULATION TEST IS SELECTED AT ISSUE)

POLICY INFORMATION

INSURED PERSON	RICHARD ROE	
POLICY OWNER	RICHARD ROE	
FACE AMOUNT OF BASE POLICY	\$100,000	
DEATH BENEFIT	OPTION A (SEE PAGE 5)	
POLICY NUMBER	XX XXX XXX	ISSUE AGE 35
BENEFICIARY	MARGARET ROE	SEX MALE
REGISTER DATE	JUNE 1, 2012	RATING CLASS: STANDARD NON-TOBACCO USER
DATE OF ISSUE	JUNE 1, 2012	

The life insurance qualification test is the Guideline Premium Test.

The minimum base policy face amount is \$50,000.

Any requested increases and reductions in the base policy face amount must be at least \$10,000.

The maximum age for a base policy face amount increase is attained age 85. This maximum age may vary based on your rating class at the time of such increase.

A minimum initial premium payment of \$121.56 is due on or before delivery of the policy. Each premium payment thereafter must be at least \$50.00.

The planned periodic premium of \$300.00 is payable quarterly.

The Guaranteed Minimum Interest Rate we credit to the portion of your Policy Account in the Guaranteed Interest Account and Holding Accounts is 1% per year. The Segment Guaranteed Minimum Annual Interest Rate for the Segments, if any, is shown on the following pages for each indexed option.

The minimum partial Net Cash Surrender Value withdrawal amount is \$500.

The minimum loan amount is \$500.

See the "Additional Benefit Riders" section of this policy for additional benefit riders.

The planned periodic premium shown above may not be sufficient to continue the policy and life insurance coverage in force. The period for which the policy and coverage will continue in force will depend on: (1) the amount, timing and frequency of premium payments; (2) changes in the face amount and death benefit option; (3) changes in the interest rates credited to the Guaranteed Interest Account and each Holding Account; (4) changes in the Index-Linked Rates of Return used in calculating the Index-Linked Credit included in any Segment Value on the Segment Maturity Date; (5) changes in the Growth Cap Rates and Participation Rates; (6) changes in the monthly deductions from the Policy Account for this policy and any benefits provided by riders to this policy; and (7) loan and partial Net Cash Surrender Value withdrawal activity.

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX

_____ADDITIONAL BENEFIT RIDERS_____

THE ADDITIONAL BENEFIT RIDERS LISTED BELOW ARE INCLUDED IN THIS POLICY:

NO LAPSE GUARANTEE RIDER:

THE NO LAPSE GUARANTEE PERIOD IS 25 YEARS FROM THE REGISTER DATE.

THE NO LAPSE GUARANTEE ACCUMULATION RATE IS 3.5% PER YEAR.

SEE NEXT PAGE FOR THE TABLE OF GUARANTEE PREMIUMS.

LONG-TERM CARE SERVICES RIDER

INITIAL LONG TERM CARE SPECIFIED AMOUNT	\$100,000
ACCELERATION PERCENTAGE	100%
BENEFIT PERCENTAGE	2%
INITIAL MAXIMUM MONTHLY BENEFIT	\$2,000.00

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX

TABLE OF GUARANTEE PREMIUMS

<u>BENEFITS</u>	<u>MONTHLY PREMIUM</u>	<u>PREMIUM PERIOD</u>
NO LAPSE GUARANTEE	\$38.07	FIRST 25 YEARS
NO LAPSE GUARANTEE PREMIUM FOR LONG-TERM CARE SERVICES RIDER	\$2.54	FIRST 25 YEARS

YOU CAN, WITHIN LIMITS, MAKE PREMIUM PAYMENTS AT ANY TIME AND IN ANY AMOUNT. HOWEVER, THE MONTHLY PREMIUMS SHOWN ABOVE ARE USED TO DETERMINE WHETHER THE NO LAPSE GUARANTEE BENEFIT IS IN EFFECT AS DESCRIBED IN THE NO LAPSE GUARANTEE RIDER.

IF THE NET POLICY ACCOUNT VALUE AT THE TERMINATION OF THE NO LAPSE GUARANTEE PERIOD SHOWN ABOVE IS NOT SUFFICIENT TO COVER TOTAL MONTHLY DEDUCTIONS DUE AT THAT TIME, THIS POLICY WILL TERMINATE WITHOUT VALUE UNLESS AN ADDITIONAL PAYMENT IS MADE.

TABLE OF MAXIMUM DEDUCTIONS
FROM PREMIUM PAYMENTS

Premium Charge:

We deduct an amount not to exceed 8% from each premium payment.

ADMINISTRATIVE OFFICE:

[AXA EQUITABLE LIFE INSURANCE COMPANY
NATIONAL OPERATIONS CENTER
10804 BALLANTYNE COMMONS PARKWAY
CHARLOTTE, NC 28277
(800) 777-6510]

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XX

**TABLE OF MAXIMUM
MONTHLY DEDUCTIONS FROM THE POLICY ACCOUNT**

		<u>PERIOD</u>
BASE POLICY COST OF INSURANCE CHARGE	Maximum monthly cost of insurance rate for the base policy (see Page 4.2) times thousands of base policy net amount at risk	86 Years
BASE POLICY ADMINISTRATIVE CHARGE	<u>This charge is the sum of (1) a flat per policy charge; and (2) a per \$1,000 of face amount charge, as follows:</u>	86 Years
Per Policy Charge	An amount not to exceed \$15.00 at the beginning of each policy month for each policy year.	
Per \$1,000 of Face Amount Charge	An amount not to exceed \$0.19 for each \$1,000 of initial base policy face amount at the beginning of each policy month.	
	In addition, following an approved requested face amount increase, we will also deduct at the beginning of each policy month a charge for each \$1,000 of face amount increase that exceeds the previous highest face amount. This charge is determined based on the attained age of the insured person on the effective date of the increase and will not exceed the amount per \$1,000 shown in the table below.	To Attained Age 121 as measured from the effective date of increase, if applicable

<u>INSURED PERSON'S ATTAINED AGE</u>	<u>DEATH BENEFIT OPTION A AMOUNT PER \$1000</u>	<u>DEATH BENEFIT OPTION B AMOUNT PER \$1000</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>DEATH BENEFIT OPTION A AMOUNT PER \$1000</u>	<u>DEATH BENEFIT OPTION B AMOUNT PER \$1000</u>
0 – 25	0.17	0.21	55	0.33	0.50
26	0.17	0.22	56	0.35	0.51
27	0.17	0.22	57	0.38	0.53
28	0.17	0.23	58	0.40	0.54
29	0.18	0.24	59	0.42	0.55
30	0.18	0.24	60	0.44	0.56
31	0.18	0.25	61	0.46	0.58
32	0.18	0.26	62	0.48	0.59
33	0.19	0.26	63	0.50	0.60
34	0.19	0.27	64	0.52	0.61
35	0.19	0.28	65	0.54	0.63
36	0.20	0.29	66	0.56	0.64
37	0.21	0.30	67	0.58	0.65
38	0.22	0.31	68	0.60	0.66
39	0.23	0.32	69	0.63	0.68
40	0.24	0.33	70	0.65	0.69
41	0.25	0.34	71	0.67	0.70
42	0.26	0.35	72	0.69	0.71
43	0.27	0.36	73	0.71	0.73
44	0.28	0.37	74	0.73	0.74
45	0.29	0.38	75	0.75	0.75
46	0.30	0.39	76	0.77	0.77
47	0.30	0.40	77	0.78	0.78
48	0.30	0.41	78	0.80	0.80
49	0.31	0.43	79	0.82	0.82
50	0.31	0.44	80	0.83	0.83
51	0.32	0.45	81	0.85	0.85
52	0.32	0.46	82	0.87	0.87
53	0.33	0.48	83	0.88	0.88
54	0.33	0.49	84	0.90	0.90
			85	0.92	0.92

Changes in the base policy face amount resulting from a change in death benefit option will not be considered in computing the highest face amount.

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XX
TABLE OF MAXIMUM
~~MONTHLY DEDUCTIONS FROM THE POLICY ACCOUNT~~

RIDER	NONE	
NO LAPSE GUARANTEE	\$0.491000	
LONG-TERM CARE	TIMES THOUSANDS OF NET AMOUNT	86YEARS
SERVICES RIDER	AT RISK FOR LONG TERM CARE	

TABLE OF MAXIMUM MONTHLY COST OF INSURANCE RATES

PER \$1,000 OF BASE POLICY NET AMOUNT AT RISK

INSURED PERSON'S ATTAINED AGE	<u>RATE</u>	INSURED PERSON'S ATTAINED AGE	<u>RATE</u>	INSURED PERSON'S ATTAINED AGE	<u>RATE</u>
35	0.09083	65	1.29833	95	25.57250
36	0.09583	66	1.42833	96	27.43167
37	0.10000	67	1.56000	97	29.45750
38	0.10750	68	1.70333	98	31.67250
39	0.11417	69	1.85083	99	34.09917
40	0.12167	70	2.03083	100	36.77083
41	0.13167	71	2.23167	101	38.95083
42	0.14417	72	2.49667	102	41.33500
43	0.15833	73	2.77750	103	43.94583
44	0.17500	74	3.07333	104	46.81250
45	0.19417	75	3.39833	105	49.92500
46	0.21250	76	3.75333	106	53.36250
47	0.23250	77	4.16833	107	57.17333
48	0.24417	78	4.65417	108	61.41833
49	0.25750	79	5.21917	109	66.17250
50	0.27667	80	5.83917	110	71.52917
51	0.29917	81	6.55083	111	77.61667
52	0.33000	82	7.29750	112	83.33250
53	0.36333	83	8.10917	113	83.33250
54	0.40667	84	9.01667	114	83.33250
55	0.45917	85	10.04167	115	83.33250
56	0.51250	86	11.19167	116	83.33250
57	0.57083	87	12.46500	117	83.33250
58	0.62000	88	13.84917	118	83.33250
59	0.67750	89	15.33333	119	83.33250
60	0.74583	90	16.90833	120	83.33250
61	0.83000	91	18.41583	121 and above	0.00000
62	0.93250	92	20.01500		
63	1.04833	93	21.73333		
64	1.16917	94	23.58500		

(Athena Indexed UL)

PAGE 4

TABLE OF SURRENDER CHARGES
FOR THE INITIAL BASE POLICY FACE AMOUNT

<u>BEGINNING OF POLICY YEAR</u>	<u>CHARGE</u>	<u>BEGINNING OF POLICY YEAR</u>	<u>CHARGE</u>
1	\$945.88	11	\$417.00
2	938.38	12	338.75
3	928.08	13	257.46
4	885.58	14	172.62
5	826.37	15	83.87
6	764.67	16 AND LATER	00.00
7	700.46		
8	633.76		
9	564.50		
10	492.26		

A surrender charge will be subtracted from your Policy Account if this policy is given up for its Net Cash Surrender Value within the first fifteen policy years. The surrender charge in the first policy month of each policy year is shown in the table above. The surrender charge declines uniformly in equal monthly amounts within each policy year until it reaches zero in the twelfth month of policy year fifteen.

This table assumes no face amount increases. Additional surrender charges may apply for certain face amount increases. See the “Surrender Charges” provision of this policy for a description of changes to surrender charges for a face amount increase.

If the base policy face amount is reduced within the first fifteen policy years or within fifteen years following a face amount increase, a surrender charge will be deducted from your Policy Account. See the “Surrender Charges” provision of this policy for a description of the surrender charge deducted for a face amount reduction.

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX

TABLE OF PERCENTAGES

<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>
40 AND UNDER	250%	61	128%
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215	66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185	71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150	91	104
56	146	92	103
57	142	93	102
58	138	94 AND ABOVE	101
59	134		
60	130		

Section 7702 of the Internal Revenue Code of 1986, as amended (i.e., the “Code”), gives a definition of life insurance which limits the amounts that may be paid into a life insurance policy relative to the benefits it provides. Even if this policy states otherwise, at no time will the “future benefits” under this policy be less than an amount such that the “premiums paid” do not exceed the Code’s “guideline premium limitations.” We may adjust the amount of premium paid to meet these limitations. Also, at no time will the “death benefit” under the policy be less than the “applicable percentage” of the “cash surrender value” of the policy. The above terms are as defined in the Code. In addition, we may take certain actions, described here and elsewhere in the policy, to meet the definitions and limitations in the Code, based on our interpretation of the Code. Please see “Policy Changes — Applicable Tax Law” for more information.

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX

TABLE OF PERCENTAGES

<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>
35	488.8%	55	248.8%	75	145.9%
36	471.9	56	241.1	76	142.8
37	455.7	57	233.8	77	139.9
38	440.0	58	226.9	78	137.2
39	424.9	59	220.2	79	134.6
40	410.4	60	213.7	80	132.2
41	396.3	61	207.5	81	129.9
42	382.8	62	201.7	82	127.8
43	369.9	63	196.1	83	125.8
44	357.4	64	190.8	84	123.9
45	345.5	65	185.7	85	122.1
46	334.1	66	180.9	86	120.5
47	323.1	67	176.3	87	119.0
48	312.6	68	171.9	88	117.6
49	302.4	69	167.7	89	116.3
50	292.6	70	163.6	90	115.1
51	283.1	71	159.7	91	114.0
52	274.0	72	156.0	92	113.0
53	265.2	73	152.4	93	112.0
54	256.8	74	149.1	94	110.9
				95	109.8
				96	108.7
				97	107.3
				98	105.6
				99	103.3
				100 AND ABOVE	101.0%

This policy is designed to satisfy the definition of life insurance for Federal income tax purposes under Section 7702 of the Internal Revenue Code of 1986, as amended (i.e., the "Code"). Accordingly, even if this policy states otherwise, at no time will the death benefits under the policy be less than the cash surrender value of the policy, divided by the net single premium per dollar of insurance which would have to be paid at such time to fund such benefits consistent with the definition of such terms in the Code. At no time will the "death benefit" under the policy be less than the applicable percentage of the "cash surrender value" of the policy. In addition, we may take certain actions, described here and elsewhere in the policy, to meet the definitions and limitations in the Code, based on our interpretation of the Code. Please see "Policy Changes – Applicable Tax Law" for more information.

(NOTE: THIS IS THE POLICY INFORMATION PAGE THAT WILL BE GENERATED IF THE CASH VALUE ACCUMULATION TEST IS SELECTED AT ISSUE)

POLICY INFORMATION

INSURED PERSON	RICHARD ROE	
POLICY OWNER	RICHARD ROE	
FACE AMOUNT OF BASE POLICY	\$100,000	
DEATH BENEFIT	OPTION A (SEE PAGE 5)	
POLICY NUMBER	XX XXX XXX	ISSUE AGE 35
BENEFICIARY	MARGARET ROE	SEX MALE
REGISTER DATE	JUNE 1, 2012	RATING CLASS: STANDARD NON-TOBACCO USER
DATE OF ISSUE	JUNE 1, 2012	

The life insurance qualification test is the Guideline Premium Test.

The minimum base policy face amount is \$50,000.

Any requested increases and reductions in the base policy face amount must be at least \$10,000.

The maximum age for a base policy face amount increase is attained age 85. This maximum age may vary based on your rating class at the time of such increase.

A minimum initial premium payment of \$121.56 is due on or before delivery of the policy. Each premium payment thereafter must be at least \$50.00.

The planned periodic premium of \$300.00 is payable quarterly.

The Guaranteed Minimum Interest Rate we credit to the portion of your Policy Account in the Guaranteed Interest Account and Holding Accounts is 1% per year. The Segment Guaranteed Minimum Annual Interest Rate for the Segments, if any, is shown on the following pages for each indexed option.

The minimum partial Net Cash Surrender Value withdrawal amount is \$500.

The minimum loan amount is \$500.

See the "Additional Benefit Riders" section of this policy for additional benefit riders.

The planned periodic premium shown above may not be sufficient to continue the policy and life insurance coverage in force. The period for which the policy and coverage will continue in force will depend on: (1) the amount, timing and frequency of premium payments; (2) changes in the face amount and death benefit option; (3) changes in the interest rates credited to the Guaranteed Interest Account and each Holding Account; (4) changes in the Index-Linked Rates of Return used in calculating the Index-Linked Credit included in any Segment Value on the Segment Maturity Date; (5) changes in the Growth Cap Rates and Participation Rates; (6) changes in the monthly deductions from the Policy Account for this policy and any benefits provided by riders to this policy; and (7) loan and partial Net Cash Surrender Value withdrawal activity.

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX

____ADDITIONAL BENEFIT RIDERS____

THE ADDITIONAL BENEFIT RIDERS LISTED BELOW ARE INCLUDED IN THIS POLICY:

NO LAPSE GUARANTEE RIDER:

THE NO LAPSE GUARANTEE PERIOD IS 25 YEARS FROM THE REGISTER DATE.

THE NO LAPSE GUARANTEE ACCUMULATION RATE IS 3.5% PER YEAR.

SEE NEXT PAGE FOR THE TABLE OF GUARANTEE PREMIUMS.

LONG-TERM CARE SERVICES RIDER WITH NON-FORFEITURE BENEFIT

INITIAL LONG TERM CARE SPECIFIED AMOUNT	\$100,000
ACCELERATION PERCENTAGE	100%
BENEFIT PERCENTAGE	2%
INITIAL MAXIMUM MONTHLY BENEFIT	\$2,000.00

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX

TABLE OF GUARANTEE PREMIUMS

<u>BENEFITS</u>	<u>MONTHLY PREMIUM</u>	<u>PREMIUM PERIOD</u>
NO LAPSE GUARANTEE	\$38.07	FIRST 25 YEARS
NO LAPSE GUARANTEE PREMIUM FOR LONG-TERM CARE SERVICES RIDER	\$2.54	FIRST 25 YEARS

YOU CAN, WITHIN LIMITS, MAKE PREMIUM PAYMENTS AT ANY TIME AND IN ANY AMOUNT. HOWEVER, THE MONTHLY PREMIUMS SHOWN ABOVE ARE USED TO DETERMINE WHETHER THE NO LAPSE GUARANTEE BENEFIT IS IN EFFECT AS DESCRIBED IN THE NO LAPSE GUARANTEE RIDER.

IF THE NET POLICY ACCOUNT VALUE AT THE TERMINATION OF THE NO LAPSE GUARANTEE PERIOD SHOWN ABOVE IS NOT SUFFICIENT TO COVER TOTAL MONTHLY DEDUCTIONS DUE AT THAT TIME, THIS POLICY WILL TERMINATE WITHOUT VALUE UNLESS AN ADDITIONAL PAYMENT IS MADE.

TABLE OF MAXIMUM DEDUCTIONS
FROM PREMIUM PAYMENTS

Premium Charge:

We deduct an amount not to exceed 8% from each premium payment.

ADMINISTRATIVE OFFICE:

[AXA EQUITABLE LIFE INSURANCE COMPANY
NATIONAL OPERATIONS CENTER
10804 BALLANTYNE COMMONS PARKWAY
CHARLOTTE, NC 28277
(800) 777-6510]

**TABLE OF MAXIMUM
MONTHLY DEDUCTIONS FROM THE POLICY ACCOUNT**

PERIOD

BASE POLICY COST OF INSURANCE CHARGE Maximum monthly cost of insurance rate for the base policy (see Page 4.2) times thousands of base policy net amount at risk 86 Years

BASE POLICY ADMINISTRATIVE CHARGE This charge is the sum of (1) a flat per policy charge; and (2) a per \$1,000 of face amount charge, as follows: 86 Years

Per Policy Charge An amount not to exceed \$15.00 at the beginning of each policy month for each policy year.

Per \$1,000 of Face Amount Charge An amount not to exceed \$0.19 for each \$1,000 of initial base policy face amount at the beginning of each policy month.

In addition, following an approved requested face amount increase, we will also deduct at the beginning of each policy month a charge for each \$1,000 of face amount increase that exceeds the previous highest face amount. This charge is determined based on the attained age of the insured person on the effective date of the increase and will not exceed the amount per \$1,000 shown in the table below.

To Attained Age 121 as measured from the effective date of increase, if applicable

INSURED PERSON'S ATTAINED AGE	DEATH BENEFIT OPTION A AMOUNT PER \$1000	DEATH BENEFIT OPTION B AMOUNT PER \$1000	INSURED PERSON'S ATTAINED AGE	DEATH BENEFIT OPTION A AMOUNT PER \$1000	DEATH BENEFIT OPTION B AMOUNT PER \$1000
0 – 25	0.17	0.21	55	0.33	0.50
26	0.17	0.22	56	0.35	0.51
27	0.17	0.22	57	0.38	0.53
28	0.17	0.23	58	0.40	0.54
29	0.18	0.24	59	0.42	0.55
30	0.18	0.24	60	0.44	0.56
31	0.18	0.25	61	0.46	0.58
32	0.18	0.26	62	0.48	0.59
33	0.19	0.26	63	0.50	0.60
34	0.19	0.27	64	0.52	0.61
35	0.19	0.28	65	0.54	0.63
36	0.20	0.29	66	0.56	0.64
37	0.21	0.30	67	0.58	0.65
38	0.22	0.31	68	0.60	0.66
39	0.23	0.32	69	0.63	0.68
40	0.24	0.33	70	0.65	0.69
41	0.25	0.34	71	0.67	0.70
42	0.26	0.35	72	0.69	0.71
43	0.27	0.36	73	0.71	0.73
44	0.28	0.37	74	0.73	0.74
45	0.29	0.38	75	0.75	0.75
46	0.30	0.39	76	0.77	0.77
47	0.30	0.40	77	0.78	0.78
48	0.30	0.41	78	0.80	0.80
49	0.31	0.43	79	0.82	0.82
50	0.31	0.44	80	0.83	0.83
51	0.32	0.45	81	0.85	0.85
52	0.32	0.46	82	0.87	0.87
53	0.33	0.48	83	0.88	0.88
54	0.33	0.49	84	0.90	0.90
			85	0.92	0.92

Changes in the base policy face amount resulting from a change in death benefit option will not be considered in computing the highest face amount.

**TABLE OF MAXIMUM
MONTHLY DEDUCTIONS FROM THE POLICY ACCOUNT**

NO LAPSE GUARANTEE RIDER	NONE	
LONG-TERM CARE SERVICES RIDER	\$0.5250 TIMES THOUSANDS OF NET AMOUNT AT RISK FOR LONG TERM CARE	86YEARS

TABLE OF MAXIMUM MONTHLY COST OF INSURANCE RATES

PER \$1,000 OF BASE POLICY NET AMOUNT AT RISK

INSURED PERSON'S ATTAINED AGE	<u>RATE</u>	INSURED PERSON'S ATTAINED AGE	<u>RATE</u>	INSURED PERSON'S ATTAINED AGE	<u>RATE</u>
35	0.09083	65	1.29833	95	25.57250
36	0.09583	66	1.42833	96	27.43167
37	0.10000	67	1.56000	97	29.45750
38	0.10750	68	1.70333	98	31.67250
39	0.11417	69	1.85083	99	34.09917
40	0.12167	70	2.03083	100	36.77083
41	0.13167	71	2.23167	101	38.95083
42	0.14417	72	2.49667	102	41.33500
43	0.15833	73	2.77750	103	43.94583
44	0.17500	74	3.07333	104	46.81250
45	0.19417	75	3.39833	105	49.92500
46	0.21250	76	3.75333	106	53.36250
47	0.23250	77	4.16833	107	57.17333
48	0.24417	78	4.65417	108	61.41833
49	0.25750	79	5.21917	109	66.17250
50	0.27667	80	5.83917	110	71.52917
51	0.29917	81	6.55083	111	77.61667
52	0.33000	82	7.29750	112	83.33250
53	0.36333	83	8.10917	113	83.33250
54	0.40667	84	9.01667	114	83.33250
55	0.45917	85	10.04167	115	83.33250
56	0.51250	86	11.19167	116	83.33250
57	0.57083	87	12.46500	117	83.33250
58	0.62000	88	13.84917	118	83.33250
59	0.67750	89	15.33333	119	83.33250
60	0.74583	90	16.90833	120	83.33250
61	0.83000	91	18.41583	121 and above	0.00000
62	0.93250	92	20.01500		
63	1.04833	93	21.73333		
64	1.16917	94	23.58500		

(Athena Indexed UL)

TABLE OF SURRENDER CHARGES
FOR THE INITIAL BASE POLICY FACE AMOUNT

<u>BEGINNING OF POLICY YEAR</u>	<u>CHARGE</u>	<u>BEGINNING OF POLICY YEAR</u>	<u>CHARGE</u>
1	\$945.88	11	\$417.00
2	938.38	12	338.75
3	928.08	13	257.46
4	885.58	14	172.62
5	826.37	15	83.87
6	764.67	16 AND LATER	00.00
7	700.46		
8	633.76		
9	564.50		
10	492.26		

A surrender charge will be subtracted from your Policy Account if this policy is given up for its Net Cash Surrender Value within the first fifteen policy years. The surrender charge in the first policy month of each policy year is shown in the table above. The surrender charge declines uniformly in equal monthly amounts within each policy year until it reaches zero in the twelfth month of policy year fifteen.

This table assumes no face amount increases. Additional surrender charges may apply for certain face amount increases. See the “Surrender Charges” provision of this policy for a description of changes to surrender charges for a face amount increase.

If the base policy face amount is reduced within the first fifteen policy years or within fifteen years following a face amount increase, a surrender charge will be deducted from your Policy Account. See the “Surrender Charges” provision of this policy for a description of the surrender charge deducted for a face amount reduction.

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX

TABLE OF PERCENTAGES

<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>
40 AND UNDER	250%	61	128%
41	243	62	126
42	236	63	124
43	229	64	122
44	222	65	120
45	215	66	119
46	209	67	118
47	203	68	117
48	197	69	116
49	191	70	115
50	185	71	113
51	178	72	111
52	171	73	109
53	164	74	107
54	157	75-90	105
55	150	91	104
56	146	92	103
57	142	93	102
58	138	94 AND ABOVE	101
59	134		
60	130		

Section 7702 of the Internal Revenue Code of 1986, as amended (i.e., the “Code”), gives a definition of life insurance which limits the amounts that may be paid into a life insurance policy relative to the benefits it provides. Even if this policy states otherwise, at no time will the “future benefits” under this policy be less than an amount such that the “premiums paid” do not exceed the Code’s “guideline premium limitations.” We may adjust the amount of premium paid to meet these limitations. Also, at no time will the “death benefit” under the policy be less than the “applicable percentage” of the “cash surrender value” of the policy. The above terms are as defined in the Code. In addition, we may take certain actions, described here and elsewhere in the policy, to meet the definitions and limitations in the Code, based on our interpretation of the Code. Please see “Policy Changes — Applicable Tax Law” for more information.

POLICY INFORMATION CONTINUED — POLICY NUMBER XX XXX XXX

TABLE OF PERCENTAGES

<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>	<u>INSURED PERSON'S ATTAINED AGE</u>	<u>PERCENTAGE</u>
35	488.8%	55	248.8%	75	145.9%
36	471.9	56	241.1	76	142.8
37	455.7	57	233.8	77	139.9
38	440.0	58	226.9	78	137.2
39	424.9	59	220.2	79	134.6
40	410.4	60	213.7	80	132.2
41	396.3	61	207.5	81	129.9
42	382.8	62	201.7	82	127.8
43	369.9	63	196.1	83	125.8
44	357.4	64	190.8	84	123.9
45	345.5	65	185.7	85	122.1
46	334.1	66	180.9	86	120.5
47	323.1	67	176.3	87	119.0
48	312.6	68	171.9	88	117.6
49	302.4	69	167.7	89	116.3
50	292.6	70	163.6	90	115.1
51	283.1	71	159.7	91	114.0
52	274.0	72	156.0	92	113.0
53	265.2	73	152.4	93	112.0
54	256.8	74	149.1	94	110.9
				95	109.8
				96	108.7
				97	107.3
				98	105.6
				99	103.3
				100 AND ABOVE	101.0%

This policy is designed to satisfy the definition of life insurance for Federal income tax purposes under Section 7702 of the Internal Revenue Code of 1986, as amended (i.e., the “Code”). Accordingly, even if this policy states otherwise, at no time will the death benefits under the policy be less than the cash surrender value of the policy, divided by the net single premium per dollar of insurance which would have to be paid at such time to fund such benefits consistent with the definition of such terms in the Code. At no time will the “death benefit” under the policy be less than the applicable percentage of the “cash surrender value” of the policy. In addition, we may take certain actions, described here and elsewhere in the policy, to meet the definitions and limitations in the Code, based on our interpretation of the Code. Please see “Policy Changes – Applicable Tax Law” for more information.

(NOTE: THIS IS THE POLICY INFORMATION PAGE THAT WILL BE GENERATED IF THE CASH VALUE ACCUMULATION TEST IS SELECTED AT ISSUE)

**AXA EQUITABLE LIFE INSURANCE COMPANY
MONY LIFE INSURANCE COMPANY OF AMERICA**

STATEMENT OF VARIABILITY

This Statement of Variability describes the bracketed material contained in the below-referenced forms. Variability is denoted by the use of bracketing on the forms. This allows the Company to make the changes in accordance with the statements below without refiling.

Form Number
R12-10

Form Description
Long-Term Care Insurance Rider

1. **Nonforfeiture Benefit:** We have bracketed the text for the Nonforfeiture Benefit (which occurs throughout the form). This text will be either completely in the form (if the Owner chooses the Nonforfeiture Benefit) or completely out of the form (if the Nonforfeiture Benefit is not chosen). The text itself will not vary.

Form Number
AXA-LTC-2012

Form Description
Long-Term Care Services Rider Questionnaire

1. **Benefit Percentages:** We have bracketed the benefit percentages, as we reserve the right to increase or decrease the percentages shown, or we may include or exclude instructional notations pertaining to the issue age and product availability.
2. **Default Benefit Percentage:** We have bracketed the default benefit percentage, as we reserve the right to increase or decrease the initial face amounts as described in this section.

SERFF Tracking Number: ELAS-128144834 State: Arkansas

Filing Company: MONY Life Insurance Company of America State Tracking Number:

Company Tracking Number:

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other

Product Name: Accelerated Death Benefit for Long-Term Care Services

Project Name/Number: Long-Term Care Refresh/R12-10

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/06/2012	Supporting Health - Actuarial Justification Document		06/08/2012	LTCSR ABM Generic MLOA.pdf LTCSR ABM wNFF Generic MLOA.pdf (Superceded)